

No. 250 / DECEMBER 1993



Love in a plague of hatred

AIDS in the world today

MONTHLY UK £1.50 AUS. \$4.75 AOTEAROA/NZ \$4.00 CANADA/US \$3.50 ♦ THE PEOPLE, THE IDEAS, THE ACTION IN THE FIGHT FOR WORLD DEVELOPMENT.

International Seminars

The management of equality and change in gendered cultures

6-18 February 1994, Manchester

Director of Studies: **Su Maddock**, lecturer in gender-cultures and organisational development at Manchester Business School.

A seminar for middle to senior managers working in the public sector or government organisations who are committed to removing barriers to women and want to improve women's access into senior management.

Fee: £1,250 (fully inclusive)

Women working for change: an international seminar on strategies for advancing the status and contribution of women

9 - 19 May 1994, London

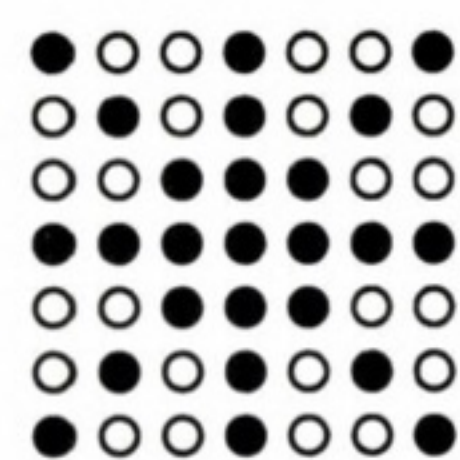
Directors of Studies: **Angela Coyle**, Professor at the Organisation Development Centre and **Reena Bharnani**, Senior Research fellow at the Organisation Development Centre, City University.

A seminar for women active in the areas of women's development. It will be of most interest to women from Latin America, the Caribbean, Africa, the Indian Subcontinent and SE Asia.

Participants may be working within formal organisational settings or within local or voluntary projects. They must be committed to working for change, and able to influence change in their own sphere of work.

Fee: £1,420 (fully inclusive)

Further information and application forms are available from local British Council offices or from International Seminars Department (ref: NI), 10 Spring Gardens, London SW1A 2BN, UK (telephone: + 44 (0) 71 389 4264/4252/4226; fax: + 44 (0) 71 389 4154).



The
British
Council

Registered in England as charity no. 209131

ISSN 03050 9529



New Internationalist exists to report on the issues of world poverty and inequality; to focus attention on the unjust relationship between the powerful and powerless in both rich and poor nations; to debate and campaign for the radical changes necessary within and between those nations if the basic material and spiritual needs of all are to be met; and to bring to life the people, the ideas and the action in the fight for world development.

The **New Internationalist** magazine is published by **New Internationalist Publications Ltd** which is wholly owned by the **New Internationalist Trust** and co-operatively run by: *Vanessa Baird, Chris Brazier, Wayne Ellwood, Alan Hughes, Jana Mahalingam, Guy Montgomery, Gill Moore, Clive Offley, David Ransom, James Rowland, Richard Swift, Dexter Tiranti, Jim Turner, Troth Wells*. The **New Internationalist** magazine was founded by Peter and Lesley Adamson in 1970.

SUBSCRIPTION ENQUIRIES

Please write to your subscription office with full details including (if possible) your subscription number shown on the magazine address label. Please inform us of any change of address.

SUBSCRIPTION OFFICES AND ANNUAL PRICES

UK: 120-126 Lavender Ave, Mitcham, Surrey CR4 3HP. Tel. (081) 685 0372.

Individuals £18.40 p.a.; £5.40 qtlly.

Institutions £35 p.a.

Canada: 35 Riviera Drive, Unit 17, Markham, Ontario L3R 8N4. Tel. (905) 946-0407, Fax. (905) 946-0410

Individuals 1 yr - \$44.94 (includes \$2.94 GST)

Overseas (by air) 1 yr - \$50

Institutions 1 yr - \$62.06 (includes \$4.06 GST)

GST Reg No R121784854

United States: PO Box 1143, Lewiston, NY 14092. Tel. (416) 946 0406. Fax. (416) 946 0410.

Individuals 1 yr - \$42; *Overseas (by air)* 1 yr - \$50;

Institutions 1 yr - \$58

Australia and PNG: 7 Hutt Street, Adelaide, S.A., 5000. Tel. (08) 2321563

Individuals A\$46.50; *Institutions* A\$58.00.

Aotearoa / New Zealand: PO Box 4499, Christchurch. *Individuals* \$42 *Institutions* \$49 (includes GST).

Rest of the World: 120 - 126 Lavender Ave, Mitcham, Surrey CR4 3HP. Tel. (081) 685 0372.

Individuals £22; *Institutions* £40. Please pay in sterling by UK Cheque, Eurocheque, Visa, Mastercard or Banker's Draft. Despatch by air only.

EDITORIAL AND ADVERTISING OFFICES

UK: 55 Rectory Road, Oxford OX4 1BW. Tel. (0865) 728181. Fax. (0865) 793152. [Advertising: Tel. (0384) 373421. Fax. (0384) 441904]

Canada: 1011 Bloor Street West, Toronto, Ontario M6H 1M1. Tel. (416) 588 6478. Fax: (416) 537 6435.

Australia: 7 Hutt Street, Adelaide, S.A. 5000. Tel. (08) 2321563

MAILINGS

Occasionally we allow organizations to mail our subscribers. If you do not wish to receive their material please write to your subscription office.

The **NI** is printed by Cradley Print Ltd, Warley, West Midlands, UK.

The **NI** is distributed to the UK news trade by COMAG Specialist Division, Mercury Centre, Central Way, Feltham, Middlesex TW14 0RX. Tel. (081) 844 1000. Fax. (081) 751 2666.

The **NI** in North America (USPS 329-770) is published monthly by **New Internationalist Publications**, 1011 Bloor Street West, Toronto, Ontario, Canada M6H 1M1. Marketing Services: Ian McKelvie, Box 506, Osgoode, Ontario KOA 2W0. Tel. (613) 826-1003. Fax. (613) 826-1141. US 2nd class postage paid at Lewiston, NY. US Post-master send address changes to: The **NI**, P O Box 1143, Lewiston, NY 14092. US Office of Publication, Lewiston, NY 14092. Registered with Alternative Press Index.

Syndication/Permissions: Cover Stories, The Guardian, 119 Farringdon Road, London EC1, UK. Tel: 071 278 2332. Fax: 071 837 1192.

Reproduction of all material in **NI**, excluding photographs, is free for use by schools.

© **New Internationalist Publications Ltd.**

New Internationalist

magazine



Give a window on the world

A subscription to the New Internationalist magazine is a gift that will last all year.

Now in full colour, the New Internationalist provides a unique international perspective on world development, social justice and the environment.

Put your friends and relatives in the picture. Give them a subscription to **NI** for a clearer understanding of the complex issues facing the world today.

"A remarkable magazine."

JOHN PILGER, journalist

"I warmly recommend it."

DAVID BRYER, Director of Oxfam

"Rational and informative – often brilliantly so."

JULIE CHRISTIE, actress

G I V E A N N I S U B S C R I P T I O N A S A G I F T



Help a friend discover the new full-colour NI and an alternative view of the world

**SPECIAL
OFFER**

We are giving a **FREE** pack of five full-colour Third World postcards to every NI reader who takes out a Gift Subscription using the coupon in this magazine. There is also a special discount to anyone who makes more than one gift.

Just fill in the coupon on the card stitched-in at the front of this magazine.



COURSES & RESOURCES



TRAINING FOR RESEARCH AND MANAGEMENT INTO HIV/AIDS

The Institute of Population Studies, a World Health Organisation Collaborating Centre for Research in Human Reproduction, offers the following courses:

Promoting and managing HIV/AIDS Prevention Programmes (12 weeks – starting January)

MA in Applied Population Research (1 year – starting October)

MA in Family Planning Programme Management (1 year – starting October)

PhD in Applied Population Research (3 years – starting October)

For further details please contact: The Training Officer, Institute of Population Studies, University of Exeter, Hoopern House, 101 Pennsylvania Road, Exeter, EX4 6DT, Devon, UK.

Tel: (0392) 57936 or 263800 Fax: (0392) 263801
Telex: 42894 EXUNIV G (+ 44 392 if dialling outside UK)



LIVERPOOL SCHOOL OF TROPICAL MEDICINE

The Liverpool School of Tropical Medicine, a registered charity and affiliated to the University of Liverpool, is one of the few post-graduate centres of excellence in the world in the field of tropical medicine and its allied disciplines. Its principal, interrelated functions are research, teaching, and technical cooperation. The School is extensively involved in national and international programmes to control tropical disease and to develop effective health care systems. It has links with health ministries, universities and research institutions worldwide.

The School offers a number of courses leading to University of Liverpool degrees and diplomas, a series of School Certificate Courses and a number of Short Courses. Research facilities and training leading to the degree of MPhil or PhD can be offered in most major disciplines relating to tropical health.

Master in Tropical Medicine
1 year – September

MSc in Applied Parasitology and Medical Entomology 1 year – September

MVSc/MSc Veterinary Parasitology 1 year – September

Master of Community Health
1 year – January

Master in Tropical Paediatrics
1 year – January

Diploma in Tropical Medicine and Hygiene 3 months – September and January

Diploma in Tropical Child Health
6 months – September

Certificate in Tropical Community Medicine and Health 3 months – September and January

Certificate in Teaching Primary Health Care 3 months – April to July

Certificate in Management for Primary Health Care 3 months – September to December

Certificate in Information Systems for Primary Health Care
3 months – April to June

Certificate in Health Promotion for Primary Health Care 3 months – January to April

Epidemiology in Action 3 months – September

For details and application forms, write to: The Teaching Office, Liverpool School of Tropical Medicine, Pembroke Place, Liverpool L3 5QA. Fax: 051-708 8733

UNIVERSITY OF WALES COLLEGE OF MEDICINE

CENTRE FOR INTERNATIONAL HEALTH

Applications are invited for the following courses:

Full time one year Masters degree in Public Health (MPH). The MPH is a multidisciplinary programme for students from a variety of backgrounds. The programme is suitable for students working in either developed or developing countries. A wide variety of speciality courses are offered (including Epidemiology, Communicable Disease Control, Health Promotion, Public Health in Developing Countries, Health and the Family).

MSc in Preventive Health Care Administration. Emphasis is placed on primary health care as the foundation of all health policy and provision. Applicants should have at least three years managerial experience in health care in a developing country.

3 month Certificate courses: Health Services Evaluation/Health and the Family. (January – March 1994)

1 week short course: Working in Emergencies and Disaster Relief: An Advanced Course. (September 1994)

Course Contact Mrs Christine Pritchard, Centre for International Health, Room 31A UGF, University of Wales College of Medicine, Heath Park, Cardiff CF4 4XN. Tel: (0222) 742323 Fax: (0222) 742898 (+44 222 if dialling outside UK)

King Alfred's College WINCHESTER



POSTGRADUATE DIPLOMA/ MA TELEVISION FOR DEVELOPMENT

(validated by the University of Southampton)

This course is the first in Europe which offers the opportunity for students from the North and South to meet to use Television and Video as a tool in the process of the development of the under-represented and marginalised peoples. The one year course links development and television theory in practical production projects which may be undertaken overseas. It is geared to the needs of development agencies working in the UK and overseas and is taught by specialists from the fields of development and television studies.

Write for details to: **The Admissions Officer,**
King Alfred's College, Sparkford Road, Winchester,
Hampshire. SO22 4NR Fax +44 (0) 962 842280

TEACHERS! Your Christmas present search ends here ...



Buy subscriptions for yourself, & for friends . .
Just what the world needs. £12 [each, 6 issues]:-
Green Teacher, Machynlleth SY20 8BL.

FIGHTING AIDS

Two hopeful videos
that will inspire action!

SIDE BY SIDE: Women Against AIDS in Zimbabwe

In the fight against AIDS, Zimbabwean women stand side by side mobilizing communities, educating and empowering people. **SIDE BY SIDE** follows two women -- a social worker and a theatre director -- as each uses her skills to overcome the effects of AIDS.

This documentary is a positive message of self-help and determination. *VHS, 51 minutes. Available Oct. 1993. \$195 Cdn. + GST*

A CALL TO SACRIFICE: AIDS in the Global Context

The film of Jon Gates's keynote speech to the Canadian AIDS Society Annual Convention.

This powerful and moving film puts forward a demand that no vaccine for HIV/AIDS be released in the North without a guarantee that it be made freely available to people in the South. Jon's passion will inspire people to action. *VHS, 20 minutes. Available Nov. 1993. \$95 Cdn + GST*

**"These two films celebrate the triumph
of the human spirit in the AIDS crisis.
They are great resources."**

*Shauna Sylvester, Editor,
Women & AIDS: A Resource Guide*

**FROM AWARD WINNING
DIRECTOR PETER DAVIS & HARVEY McKINNON**

Harvey McKinnon Associates, FILM AND VIDEO AIDS,
Suite 218N, 2211 West 4th Avenue, Vancouver, BC V6K 4S2,
CANADA, Phone 604-732-4351, Fax 604-879-6042



Echo
International
Health
Services
Limited

ECHO supplies low-cost medical equipment and medicines to Healthcare programmes worldwide.

In the fight against HIV/AIDS we supply low-cost gloves, syringes, needles, aprons, etc. and medicines to alleviate symptoms of infections suffered by people with AIDS.

ECHO also supplies subsidised HIV testing kits to programmes in Africa which ensure safe (HIV negative) blood transfusions.

For further details contact::

ECHO International Health Services Limited
Ullswater Crescent, Coulsdon, Surrey, CR5 2HR

Tel: 081-660 2220 Fax: 081-668 0751
Telex: 924507 ECHO G

MEMBER MISSIONS AND TRUSTS INCLUDE:
CAFOD • ChristianAid • Help the Aged • Oxfam • Salvation Army • Save the Children Fund • Sightsavers (Royal Commonwealth Society for the Blind) • Tear Fund • United Society for the Propagation of the Gospel • War on Want

For up-to-date information and critical commentary on research that matters,

AIDS newsletter

is invaluable

Published every 3 weeks, *AIDS Newsletter* provides an authoritative and up-to-date synopsis, in straightforward terms, of global developments on HIV/AIDS as reported in the media and technical press.

Main sections cover international news, social and occupational aspects, and science and medicine. Publications, conferences, meetings and statistics are listed.

See for yourself – send for a FREE sample copy today!

ISSN: 0268-8360 17 issues/year
1994: Volume 9 £89.00 (US\$173.00 Americas)

10% Introductory discount for new subscribers:
£80.00 (US\$155.50)



CAB INTERNATIONAL

For a catalogue featuring the full range of titles produced by the BUREAU OF HYGIENE & TROPICAL DISEASES and CAB INTERNATIONAL, contact Linda Parham, MDS, CAB INTERNATIONAL, Wallingford, Oxon OX10 8DE, UK
Tel: +44 (0)491 832111 Fax: +44 (0)491 826090

LOW COST MATERIALS FOR ALL THOSE FIGHTING AIDS from TALC and STRATEGIES FOR HOPE

BOOKS: The AIDS Handbook. For those involved in AIDS education and community work, £5.60.

Preventing a Crisis. AIDS and family planning work (also in French and Arabic), £4.70

Talking AIDS. A practical handbook for community workers (also in French and Arabic), £3.60

Women and HIV/AIDS. A global view of the social and political obstacles, £7.50

SLIDE SETS WITH SCRIPTS: HIV Infections. 1. Clinical Manifestations. 2. Virology and Transmission. 3. Prevention and Counselling. 4. Infection in Children – an overview of the situation in Africa (double set).

FLANNELGRAPHS: Family Planning, STDs and AIDS. Five sheets of flannel printed in colour, £25.35 (plus VAT).

GAME: 1-4-1. AIDS question and answer dice game for higher primary school children, £4.50



TALC

STRATEGIES FOR HOPE

Work Against AIDS. A new booklet (No. 8) from STRATEGIES FOR HOPE by Glen Williams and Sunanda Ray, £2.75

For all those concerned with setting up workplace AIDS and HIV prevention programmes, this new booklet provides detailed evaluation and practical guidance, based on seven existing programmes in Zimbabwe.

Seven other STRATEGIES FOR HOPE booklets (£2 each) and two videos provide a unique resource covering important areas of AIDS management and prevention in the developing world. Also in French, Portuguese, Spanish and Swahili. Details available from TALC.

Prices quoted include postage and packing worldwide. Reductions may apply to multiple orders.

Write to: TALC, Dept KTJ, PO BOX 49, ST ALBANS, AL1 4AX, UK.



GIVEN THE CHOICE,



wouldn't you invest your money 'ethically'?

If you are investing in a unit trust, a personal pension or a life assurance, the fund behind it is probably holding the shares of companies who do things you don't believe in. Pacifists are investing in armaments firms, teetotallers in breweries. ASH supporters are investing in tobacco conglomerates, environmentalists in companies with a bad pollution record. And so on...

But it doesn't have to be that way.

Barchester specialises in identifying those investments which put the energy of your money in the direction of your values. In the pensions field, for instance, the longest established of these funds has outperformed 95% of all individual UK Growth pension funds over the last 9 years.*

So 'ethical/green' investment doesn't have to be unprofitable.
And 'profit' doesn't have to be a dirty word.

Why not ring us (24 hrs) on 0722 331241, or send the coupon.



*To 1693 (Micropal)

BARCHESTER
- Giving you the choice



To: **BARCHESTER GREEN INVESTMENT**,
32 Market Place, FREEPOST, Salisbury SP1 1BR.

Please tell me more about ethical/green options in personal finance.

Name: _____ Address: _____
Tel: _____

Remember, the price of units can fall as well as rise and past performance is not a guarantee to the future

Available from HMSO



World Health Organization publications on AIDS

WHO publishes books and journals on a wide range of topics relevant to public health, based on forty years experience gained through a variety of worldwide action programmes and research projects. The WHO Global Programme on AIDS is active in over 154 countries, providing financial assistance and technical support for establishing and developing national AIDS programmes.

Publications currently available include:

The Global AIDS Strategy

WHO AIDS Series No 11

1993 23 pages

ISBN 92 4 121011 7 £4.50

Living with AIDS in the Community

A book to help people make the best of life

1993 57 pages ISBN 0 11 951450 8 £3

Ethics and Law in the Study of AIDS

Pan-American Health Organization
Scientific Publication No 530

1992 273 pages ISBN 92 7 511530 3 £26

Global Programme on AIDS

1991 Progress Report

1992 136 pages ISBN 92 4 156156 4 £11.50

AIDS Prevention: Guidelines for MCH/FP Programme Managers

Part I: AIDS and Family Planning

82 pages ISBN 0 11 951459 1

Part II: AIDS and Maternal and Child health

72 pages ISBN 0 11 951460 5

1993 £4.50 each

Guide to adapting instructions on condom use

1993 49 pages ISBN 0 11 951464 8 £4.50

WHO Publications are available in the United Kingdom
from HMSO Bookshops, HMSO Agents
and through all good booksellers.

To order direct, *post and packing free*,
please call 071-873 9090 or write to:
HMSO Books, PO Box 276, London SW8 5DR.

For a free publications catalogue please call
071-873 8365, or write to the address above.

HMSO

Books

Please note
that prices are
subject to exchange
rate fluctuations
and may be liable to
change without
notice.

CONTENTS



Love in a plague of hatred 4
Aids is in its second decade. Pratap Rughani looks at how – and whether – we are rising to its global challenge.

Sex, lies and a certain virus 8
Sue Branford finds out what Brazilian women do when they discover that the virus never lies.

Aids myths and theories 10
Bullshit under the microscope.

Bringing it home 11
From Zimbabwe, Dr Sunanda Ray tells a story of medicine and morality.

The ache of sensuality 14
An intimate portrait of life and death with Aids by Edmund White.

Children and mothers 16
Personal stories from the frontline.

Hiv and Aids – THE FACTS 18
From body to body politic.

When living is a luxury 20
What experts pronounce from their luxury hotels has little to do with reality on the ground in Africa. Maggie Black reports.

Simply... Health and humanity 22
A global look at how countries are responding to the HIV/Aids crisis.

Bigots take the temple 24
Moralists are encouraging HIV infection according to Ashok Row Kavi and Dinyar Godrej.

Positive lives 26
Life with HIV and Aids.

Letters 2
Letter from Lagos 3
Updates 29
Reviews: including Victor Jara classic 32
Curiosities 34
Endpiece: by Luis Sepúlveda 35
Country profile: Guatemala 36

FRONT COVER PHOTOGRAPH: KHAJURHAO TEMPLE BY RAGHU RAI / MAGNUM. MAGAZINE DESIGNED BY CLAIRE PALMER.

THIS MONTH'S THEME

Aids and HIV

FROM THIS MONTH'S EDITOR

SOME people say that once you've been diagnosed the challenge makes life more vital, better even. On other days the same lips speak of devastation – a holocaust in which lovers and friends are lost, children are orphaned and the future is uncertain.

There are at least two different languages about HIV and Aids, public and private. For journalists Aids makes good copy. But editors have their own agenda when turning lives into news. Too often, when reporting HIV, journalists generate panic, then scapegoats. Having built a house of fear they discover a 'plague that never was'.

They have a flirtatious fascination for the virus, almost an obsession with the pandemic of HIV and Aids, mixing more cocktails of sex and death. In truth both are part of any narrative. They are part of this magazine too. So what am I doing adding to the pulp?

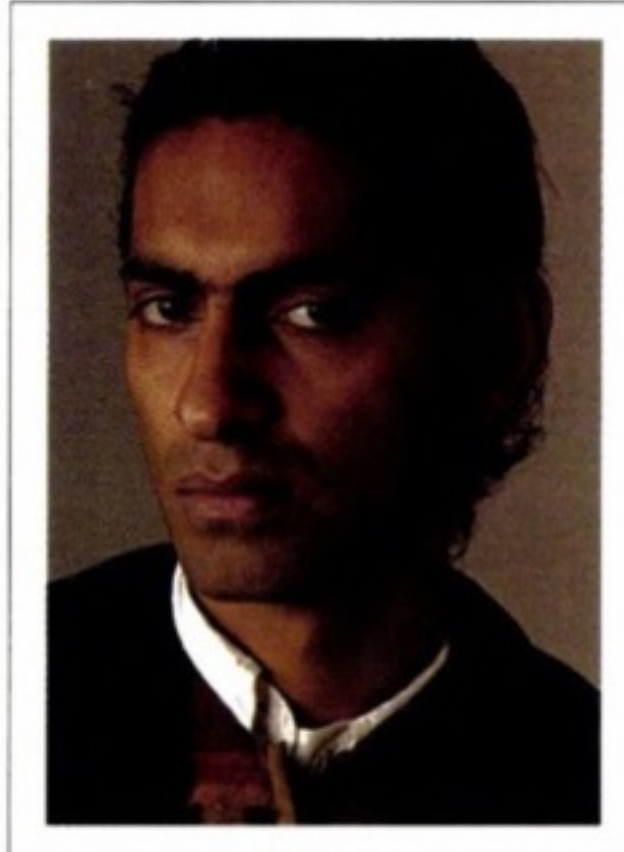
I think there are other stories that don't get heard; perspectives that don't turn patients into deviants.

I didn't go looking for HIV or Aids. Friends had it in their blood. I wanted to produce a magazine that comes more directly from the experiences and priorities of people living with HIV and Aids. It strikes me that their frequent emphasis on grassroots partnership and social change parallels the forces that are tackling North-South inequality.

Responding to HIV and Aids, endemic in North and South, brings the two together.

I wasn't prepared for HIV, just as no parent prepares to bury a child. As Adam Mars-Jones says, 'The virus has a narrative of its own, a story it wants to tell, which is in danger of taking over'. My 'narrative' is the need to believe that those who escaped the virus can enhance the work of so many who have not. I guess it's my way of holding on to friends who, of necessity, learned to let go before I could.

This month, World Aids Day is a chance to remember, to celebrate, to contribute. Part of me can't resist an inward smile at this year's slogan: 'Time To Act'. After many years it continues to be Time To Act. This year, let's take the time.

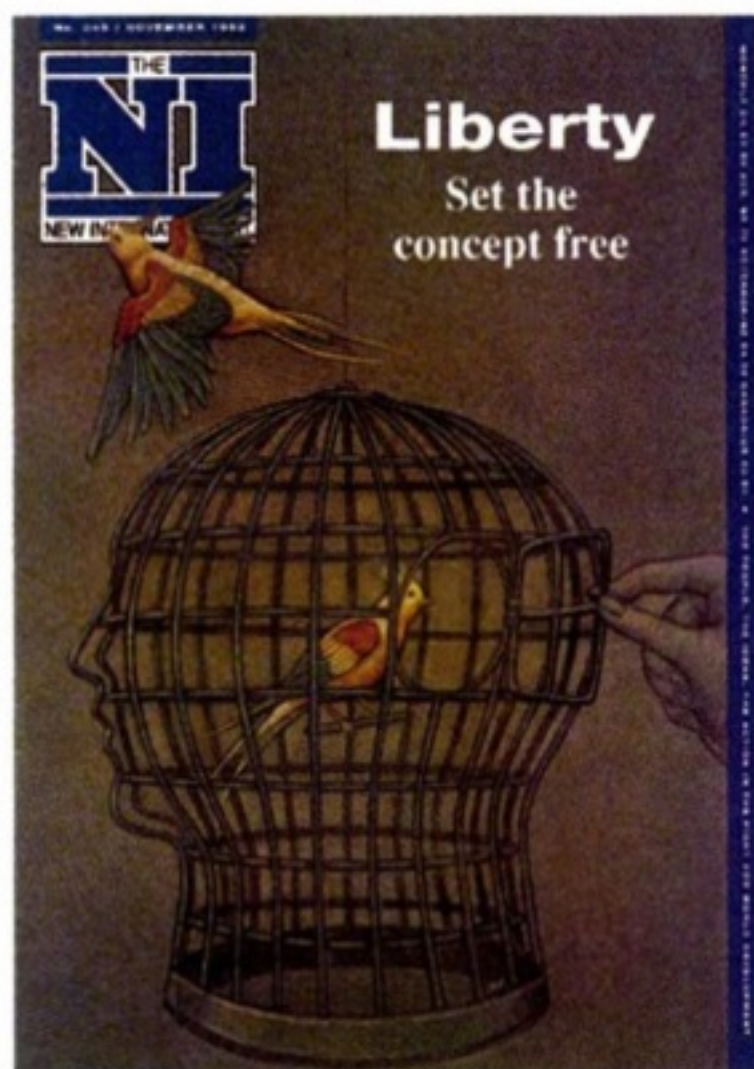


Pratap Rughani

*Pratap Rughani
 for the New Internationalist Co-operative*

Liberal claptrap

I'm afraid that Catherine Itzin does not, as proclaimed in the introduction to the article 'Sex and Freedom' (*Liberty* NI 249), 'chart a path through the impasse on the pornography



and censorship debate'. She actually charts a cop-out.

We don't need lawyers and researchers to tell us what pornography is, and how degrading it is to the women and children who are its most common subjects. So let's stop messing around with this liberal anti-censorship claptrap. Let's just get rid of the stuff. And if we can't do it legally, we just have to resort to other means...

Jean Morrison
Stockport, UK

Kosovo in context

Branka Magas ('The Curse of Kosovo' NI 247) claims that the conflicts in Yugoslavia are driven by Serb territorial aggrandisement and that the roots of Serb fascism lie in a myth about a medieval battle. It's true that of all the Balkan peoples, the Serbs possess the most potent set of myths. How otherwise could they have led the way in rolling back the Ottoman Empire, played the key role in freeing fellow Slavs from Austro-Hungarian domination, and had the nerve to say 'no' to Hitler in 1941 with the result that Belgrade was bombed into submission?

Magas' only reference to the Second World War is curious. The Yugoslav People's Army was 'born in a national liberation war meant to liberate Serbs



The **New Internationalist** welcomes your letters. But please keep them short. They may be edited for purposes of space or clarity. Include a home telephone number if possible and send your letters to the nearest editorial office. The address is inside the front cover.

and Yugoslavs from the Kosovo curse'. There is no mention here of liberation from the Nazi-puppet Greater Croat state whose Ustashi units, sometimes assisted by Muslim Slavs committed genocide against Serb civilians throughout Croatia and Bosnia.

As for the present, it is not just the Croatian and Bosnian Serbs who are 'aggressors' and 'ethnic cleansers'. These accusations are also levied against the Bosnian Croats, the Trans-Dneister Slavs of Moldova, the Ossetians and Abkhazians of Georgia and the Armenians of Nagorno-Karabakh. Magas, presumably, would have us believe that all these peoples are cursed with their own malevolent myths.

There is a far simpler explanation: when a federation fragments any attempt to railroad compact ethnic areas into someone else's unilaterally-proclaimed state will be resisted.

Y Kovach
Twickenham, UK

Mythical murals

Your otherwise excellent issue on the uses and abuses of history (NI 247) appears to contain at least one of the very distortions the issue intended to highlight!

On page 19, under Patriotic History, you state, 'Much Third World patriotic history is a reaction to Western paternalism but takes on many of its characteristics, as with the murals in post-Independence Ghana which attributed to Ghanaian genius the invention of the alphabet and the steam engine'.

Many Ghanaians would be interested to know where these murals are or were. Or have you repeated what perhaps began as a cynical tall tale to enliven a diplomatic dinner-party?

Whilst a number of our public buildings have murals, they tend to celebrate our cultural traditions or to portray themes of industry or agriculture appropriate to the function of the building. I am unaware of

any which fit your description. Please enlighten us.

VA Sackey,
Office of the President,
Accra, Ghana.

Ed: Our information dates back to the period of Independence, and was supplied by **AJ Plumb** in his book *The Death of the Past*.

Corporate bathwater

At last! An NI article with which I disagree! What a dismal prospect Kirkpatrick Sale offers us in the issue on Multinationals (NI 246): if we do not immediately and unconditionally forego all commerce and undo all technology we will face global ruin. Apparently there is no way out.

Huge and irresponsible corporations have a lot to answer for, certainly. The misuse of technology empowers the already-rich, and has brought us several times to the brink of nuclear disaster. There can be no enterprise, no technology – ultimately, no human organization – without there also being environmental impact. But that doesn't make all these things wrong in themselves.

Those who are fortunate enough to have access to the handles of economics and the reins of technology have a responsibility to use these to the benefit of all the inhabitants of the world, present and future, human and non-human. They can't simply unravel the great tangle of history that brought about this advantage; and they are in a position to make a difference. Let's not throw this out with the dirty corporate bathwater.

Patrick Ballin
Hove, UK

By word of mouth

I was delighted to see your issue 'Myth and Memory: the uses and abuses of history' (NI 247). However, my delight turned to dismay as I discovered no reference to oral history or the work of oral historians.

You surely must know that oral historians throughout the world have been at the forefront of work which sets out to rediscover and retrieve past experiences which previously had not been considered part of official and dominant histories.

Such work goes on in many different parts of the world. Should readers be interested to know more, they should contact Rob Perks, curator of Oral History, National Sound Archive, 29 Exhibition Road, London SW7 2AS.

Joanna Bornat
Joint Editor, Oral History
London, UK.



UK not OK

The human rights ratings for various countries published in your issue on the subject (NI 244) lists Britain at fifteenth in the world with a 93 per cent rating. Does this take into account the special powers allowed to the British government for use in the North of Ireland which include; no jury courts, denial of access to a lawyer for suspects, erosion of the right to silence, the power to 'internally exile' people in the UK?

Aidan McQuade
Tigray, Ethiopia

Kerala insights

Your issue on Kerala (NI 241) was as good as a gift, written only two months after I had returned from volunteer work in the state. But I would like to make two additional points.

First, the chronic shortage of unskilled labourers in the state due to the rise in standards of education. People with tertiary qualifications see unskilled work as personally degrading and hide their poverty whilst devising ways to pay the large bribes necessary to gain suitable employment – often by taking loans at high interest rates.

Second, there are enormous strains placed on women as a result of their menfolk working in the Gulf States. A wife may be subject to suspicion and gossip to the point where a male relative cannot visit her alone.

So despite increasing affluence and educational possibilities, women are under increasing pressure in what is fast becoming a middle-class, nuclear family-oriented existence.

Penny Hartill

Auckland, Aotearoa/New Zealand

Stop 'ethnic cleansing'

Would it be too much for NI's writers to stop using that obscene euphemism lately popularized by journalists and politicians, 'ethnic cleansing'? Orwell must surely be twisting in his grave over that linguistic atrocity. When you mean pogrom or genocide, say pogrom or genocide. Otherwise you collude with the perverted thinking of rapers and pillagers.

C MacLeod
Sirdar, Canada

Sharing stories

The Victoria Storyteller's Guild has been awarded a small grant to take part in the cultural aspect of the Commonwealth Games in 1994. We are looking for stories that reflect the everyday realities of people, women's lives, and stories of gentle wisdom. Can you help?

Luda Siegel
Victoria Storyteller's Guild
118 Wildwood Avenue,
Victoria, BC, Canada V8S 3V9

The views expressed on the letters page are not necessarily those of the NI.

Letter from Lagos

A way with waste

Elizabeth Obadina ponders on what happens to rubbish in Lagos, where even knickers and nail-clippings may find themselves recycled.

NIGERIA is a nation of hoarders and savers. As someone who compulsively squirrels away rubbish I have found my spiritual home. I spend my life surrounded by clutter. Empty jam jars and sauce bottles weigh down kitchen shelves, cardboard boxes are kept 'just in case', stacks of 'rough paper', used on one side, litter my office. Although the world's worst seamstress I find it hard to part with any old clothes which might be, but never are, made into something else.

Occasionally storms hit the household, forcing a bout of spring cleaning. Usually it's an impending visit from Mother, but the recent stay-at-home pro-democracy protests whipped up a hurricane of activity and bad temper as I fought to work at home under a deluge of children's books, toys, video-tapes and grown-up debris.

I sold off the jam jars to the 'glass-jar woman'. A young man reeled out of my house under a three-foot stack of old newspapers. I sold the stack at 10 naira (20 pence) a foot and made his morning. He will resell them at twice the price. Assorted plastic bottles and plastic cooking-oil cans went to the man who collects such stuff. Old clothes I considered beyond redemption made a miraculous reappearance on the backs of the neighbourhood's squatter children. The local 'bender', or welder, came to take away any old iron.

We carefully stored away old wood. In these days of perennial kerosene and bottled gas shortages and a looming power-workers' strike, no-one knows when they will be reverting to wood fires for cooking.

A man with a bicycle collects what would have gone in the dustbin, piling all before him in a swaying basket-tower of Pisa. I tried to help him by taking the overflow down to the local dump by car. The help wasn't appreciated and I soon found out why. I had hardly drawn to a halt before three young men bore down upon the boot of my car, wrenched it open, unloaded the contents and fought over the spoils. They fought over the kitchen-bin contents, broken polystyrene packaging, old light-bulbs, torn and mauled old lino, and various spoilt car parts which even the ingenuity of the local mechanic had been unable to renovate. Clearly I had deprived our regular waste-collector of unappreciated valuables.

One has to take care that nothing of a 'personal' nature ever goes into the dustbin. I once caught my next-door neighbour burning her old knickers to prevent them turning up elsewhere. Hair and nail-clippings are always flushed down the toilet for fear of them ending up on the fetish stall of the local juju market. There is very little about waste recycling that the West can teach Nigerians.

Poverty forces people to find a use for virtually everything. Little wonder that Lagos State's most spectacular white elephants, three American-designed, state-of-the-art waste disposal plants could never be used because the volume of appropriate waste was so low. After a dozen years standing idle they were recently decommissioned, stripped for scrap and sold off for alternative use.

One might imagine then that Lagos is one of the cleanest cities on earth. It isn't. The waste that absolutely no-one can use

masses in infrequently cleared dumps blocking roads and market-places. The smell is appalling. Everywhere in Nigeria the last Saturday morning of every month is compulsorily devoted to an 'Environmental'. Movement is prohibited and anyone found out and about doing anything but cleaning up courts arrest and a stiff fine. But when the public sanitation exercise is over, and after the scavengers have worked over the rubbish and gutter slops piled along the roadsides there still remains the final disposal problem. A problem tackled by desultory public authorities.

Public carelessness and the creation of rubbish on a massive scale contrasts sharply with the values of the people who have next to nothing. The paper-feed from my computer printer went mysteriously missing for months until it turned up posing as an ornament on my housemaid's shelf. 'I liked its shape', she said, adding, 'I thought it was a broken toy.'

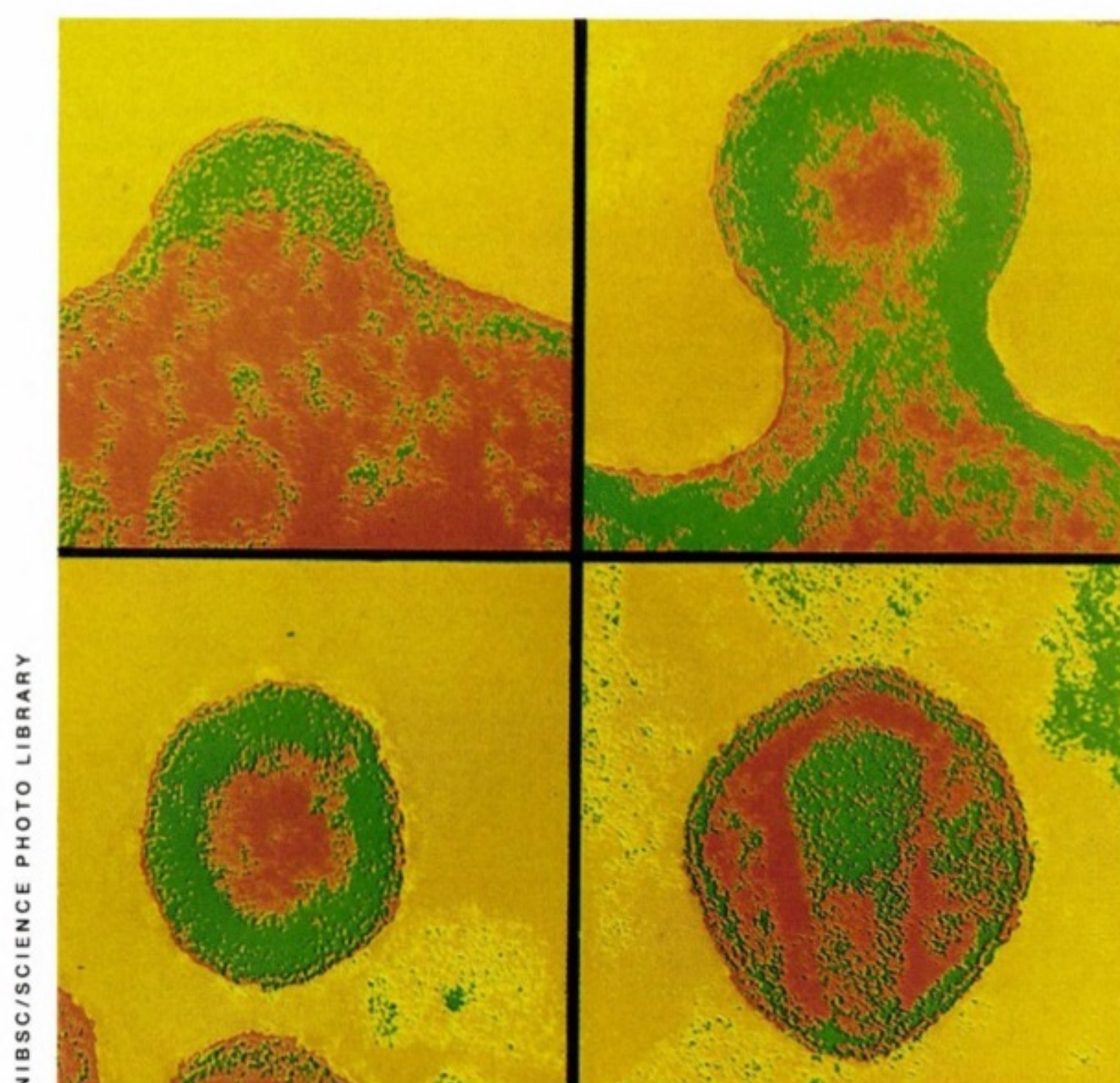
'It's a real shame', said Aji, my lawyer friend, when I told her the tale, 'because for most of our people that's all life in the late twentieth century means: a collection of alien artefacts. Some can be found a use for, but most are simply ornamental curiosities.'

Elizabeth Obadina is a freelance writer and journalist living in Lagos.



ILLUSTRATION: MIRIAM MCCURDY

Love in a plague of hatred



NIBSC/SCIENCE PHOTO LIBRARY

*As the Aids epidemic enters its second decade, **Pratap Rughani** examines how we are facing up to its challenge.*

FLUORESCENT light glinted off their shiny jackets. Their wolf-whistles didn't seem particularly threatening. But still my stomach tensed and my hand slipped out of hers.

'The men's lager-laughter died when they saw what kind of women we were. Fear shrouded my anger as the jauntiest of them swung across the road and blocked our way.

"Don't touch them. You'll get Aids," shouted his friend.

'I didn't tell him that you can't get HIV from touching, and that next to celibacy, lesbian sex is about the safest. We would be more at risk from these straight guys

than the other way around.

'By now, Fawziah, my lover, was wheezing. Then there was a muffled wail as she loosed a cascade of projectile vomit at their Wrangler jeans. As social comment it was perfect, if inflammatory. I grabbed her hand and ran.'

A friend's recent experience shows the power and persistence of the 'gay plague' view of Aids. Even today, despite all we know, homophobia remains in many societies the key way in which HIV and Aids are rationalized.

Add prostitutes and injecting drug users to the list of the first people to die of Aids-related diseases in the North and you have a godsend for Right-wing moralists, unable

to resist displaying their morality by condemning those 'foundering in a cesspit of their own making'.¹

When haemophiliacs began contracting Human Immunodeficiency Virus² (HIV), bigots were forced to pause. They were unused to preaching about the 'unnaturalness' or the 'perversion' of haemophilia. Their solution was a great sleight of hand. Suddenly we had the 'innocent victims of Aids' – thus casting the rest as somehow guilty. The sick were criminalized according to how they contracted the virus.

As so often in the cultural history of disease the answer was to turn disease into 'plague', segregate the dying and bring down the shutters.³ This obsession with



MIKE GOLDWATER / NETWORK

(Opposite) Birth of a virus: HIV first appears as a bump on the cell surface. Then it 'buds' from the cell and is released into the bloodstream; (above) In memoriam... Ugandan villagers tell their story as part of an Aids awareness campaign.

manufacturing 'high-risk groups' rather than focusing on high-risk behaviour may sound like a semantic nicety. But it led to a social disaster because it made most people think 'I don't belong to this group so HIV's got nothing to do with me'. Others were frightened and isolated – a common experience across the world.

Meanwhile the climate of righteousness and condemnation hampered the work of health educators who were trying to get the message across to all of us that if we have unprotected sex – sex where there is exchange of semen or vaginal fluid or blood – we may be putting ourselves and our partners at risk.

Connected as it is to such potent taboo areas as sex and death, it is not surprising that HIV should have inspired fear. The sudden appearance of a mystery virus with such devastating effects had to be rationalized and finding scapegoats was the easiest way to do it.

A known quantity

In fact HIV is not such a mystery. We know a lot about it. It's a virus not a bacterium. It works by depleting the immune system until someone is said to have Acquired Immune Deficiency Syndrome. A syndrome cannot kill, nor does HIV, but it opens the door to so-called opportunistic

infections. Diseases normally kept at bay by a healthy immune system now have the chance to flourish. There is no cure. But nor is there for any virus – including the common cold. So any meaningful strategy for treatment must be designed for a long-term struggle, sustained to control the advance of opportunistic infection. Over a varying period – on average 10 years from infection – the overwhelming experience of HIV is that it leads to Aids and death. There is no set pattern for this and quality of life varies hugely. The virus is not contagious. It is both fragile and quite hard to contract, once we know the simple ways of reducing risk. It can't survive outside the body so no one is at risk from casual contact, like shaking hands or from toilet seats. And unlike syphilis it can't pass through a membrane so using condoms is a good protection against transmission.

The World Health Organization estimates that at least 13 million people have HIV today. The scale of the epidemic in Africa is often discussed. It is less well known that South Asia's rate of HIV infection is set to increase exponentially and outstrip Africa's within three years. Yet there are other global pandemics which account for more deaths than Aids-related diseases. Deaths from tuberculosis, malaria, cholera and diarrhoea far outstrip those

linked to Aids. This may suggest that we are paying too much attention to HIV. But it is impossible to separate Aids from other diseases. The path from HIV to Aids makes this clear as HIV prepares the ground for further infection. For example the recent increase in tuberculosis is linked directly in many places to HIV.

Rather than just concentrating on current figures we should also be looking at projections for the future. The World Health Organization predicts that, on current trends, 40 million people will be infected by the end of the century. Different estimates put the figure at up to 110 million.

Even if some of the rhetoric is alarmist, we should recognize that HIV and Aids threaten to reverse recent improvements in health and life expectancy in several developing countries. The World Bank for example, suggests that life expectancy in sub-Saharan Africa could fall from the projected 62 years to 47 by the year 2000.

Many communities face a death toll that has wiped out a whole generation. While most diseases pick off the weakest among the very young and old, HIV strikes the sexually active. This removes people at an age when they usually carry the greatest burden of work and care for other generations. Already some communities are into the



The new crucifixion; lesbian and gay activists argue that HIV is being used to justify homophobia.

second decade of deaths from Aids-related diseases. Many villages in Uganda, Rwanda and Zimbabwe function with grandparents and grandchildren only.

Mirror to injustice

Hiv and Aids have been described as 'misery-seeking missiles', thriving where lack of health care conspires to make people more vulnerable. In the South, as in deprived areas of the North, HIV risk is exacerbated by poverty, poor education, bad housing, malnutrition, lack of clean water and sanitation.

For people like Rani Deva, a village worker in Rajasthan, India, HIV only makes sense if it becomes a tangible risk in her life – a risk that is more immediate than that of getting cholera or typhoid from unclean water. It is unrealistic to expect her to think about protecting herself and her family from HIV so that they do not fall ill some time in the future if she does not have the basic things she needs today. In this sense getting clean water may be more effective in empowering people to care for their health than giving them condoms.

Poverty increases vulnerability to HIV in the North too. HIV holds up a mirror to social injustice. In the US women of colour are the fastest growing HIV-positive group.⁴ Once diagnosed they die five to six times more rapidly than men. This also suggests that symptoms in women are not being read early enough. And it implies that Aids education isn't getting through to different communities equally. Prevention and primary health care must go together.

Once diagnosed, however, people have to find ways of continuing. In the early days of the epidemic many people with HIV, their friends and acquaintances started to organize. They were galvanized by bereavement and the knowledge that lifetimes are telescoped by HIV – decades into years. Armed with dignity, compassion and fury at government indifference a small group of committed humanitarians worked for a vision of community based on providing health care and support where needed.

People continuing with high-risk behaviour – like injecting drug users who share needles and syringes – began to get precise information explaining how they may be putting themselves at risk. In Edinburgh for example, stopping HIV became, for the first time, more important than criticizing drug users. Needle exchanges and other facilities were established.

Gradually the obituary columns replaced euphemisms like 'rare blood cancer' or 'long illness' with that four letter word – Aids. The courage it took and continues to take to be open about HIV has been the most powerful contribution to counteracting stigma.

In the worst-hit areas of Africa, many are forced to think up drastic changes to survive. New crop strains that are less labour-intensive are being introduced in areas where most adult farmers are dead or dying. Children's education is also being restructured to enable them to carry out the adult work and caring responsibilities thrust upon them by the epidemic.

In diverse ways HIV has set a political agenda across the world. For Ugandan feminists, part of fighting Aids involved overturning the patriarchy of inheritance law. As the pandemic advanced, many women who lost their husbands – often after being infected by them – were then faced with their husband's family attempting to 'repossess' the home and children. Feminist lawyers campaigned and for the first time managed to secure inheritance rights for widows.

Aids has also made the need for equality in relationships more urgent. For safer sex to work individuals have to be unafraid to initiate it. This may involve changing the balance of power within relationships – essential if condoms are to make it out of their wrappers without starting a domestic war. When this Pandora's box opens, women often start talking about 'safer relationships' rather than just safer sex.

There are other positive changes. Out of the shadows of HIV, some gay groups have created a chance to organize and be open about their sexuality. A significant achievement for gay men is reclaiming freedom to express sexuality as a basic right. As the World Health Organization now recognizes, only in this climate can HIV prevention be carried out effectively. Otherwise the risk of transmission increases as gay men are driven underground. Through the experience of HIV, homosexuality was made legal in countries like Russia. They accepted for the first time that men have sex with men whether they identify themselves as gay or not.

Other advances include a gradual shift in doctor-patient relationships. In the North doctors are joined, perhaps for the first time, by an articulate and active patient population insisting on fuller knowledge and a say in the treatment of their illnesses.

Though encouraging, all of these changes are hard-won. Many developments are piecemeal and their successes may prove to be provisional. What they share is a reaction to HIV that recognizes the essential link between health and human rights.

It's a link that we cannot ignore. This is a critical moment in the story of Aids. Some 80 per cent of HIV-positive people are in the South and are often unequipped to respond to this crisis. Some countries like Burma and the US under Reagan and Bush have tried to ignore Aids. Others, like Uganda, have shown the political will to

deal humanely with Aids but lack the resources. Often, cash-strapped Southern governments can't afford to start basic prevention measures. People in many poor countries continue to contract HIV through blood products when a small transfer of resources from North to South could ensure that blood is properly screened. As African researchers Sanders and Sambo argue: 'Economic recession and structural adjustment policies further aggravate the transmission, spread and control of HIV infection in Africa... increasing the population at risk through urban migration, poverty, women's powerlessness and prostitution, and indirectly through a decrease in health care provision.'

Because HIV threatens North and South at roughly the same time it receives more research attention than exclusively 'Southern' diseases like malaria. One worry is that as we learn to ameliorate some of the effects of Aids and HIV, they might be regarded as a condition of the South in the same way that our governments behave as though 'poverty' were an immutable state of being, rather than the result of particular economic and social forces, some of which we help to shape.

Lessons from Aids

Responding to HIV and Aids is a litmus test of our values. While the health and medicine industry makes vast profits, hope is only available to those who can pay the price. A short course of the anti-HIV drug AZT for example exceeds the annual earnings of most ordinary people in the South. Meanwhile Burroughs Wellcome made \$100 million profit from AZT in just one year and didn't even incur the research and development costs since AZT has been synthesized before.⁶ Why is it that this company, which holds the licence for AZT, have devised a pricing structure that makes it unavailable in places where most patients are?

As yet, too few people make an imaginative leap to see the future of our health reflected in the health of others, whether we naturally identify with those 'other' communities or not. The Aids activist Jon Gates, who died last year, gave his vision to the Canadian Aids Society. He said that governments, drug companies and development agencies should 'delay the release of any new vaccines or a cure for Aids until... the drug or vaccine be affordable, accessible and available world-wide.'

Gates was willing to refuse drugs if that helped avoid what he felt to be a worse nightmare than his own suffering – the nightmare that Aids (like leprosy) would be wiped out in the North yet allowed to flourish in the South.

Double standards also produce some curious twists in medical ethics. Professor Ron Desrosiers, a leading vaccine researcher at Harvard University suggests that his proposals for experimental HIV vaccines should be tested on people in the Third World, despite the risk that those vaccinated might contract HIV. Desrosiers argues that 'a few thousand lives lost now is preferable to the death toll ahead'. It seems that what would be unthinkable in the North is given full consideration when the risk would be borne by 'disposable' people.

Aids gives us a painfully clear view of how deprivation and discrimination damages people and their health. Discrimination harms people with Aids, restricts their access to health care and therefore encourages HIV infection.⁸ Recognizing discrimination when we see deprivation would be a major shift for the medical establishment. Doctors are generally uneasy about this view – often articulated by feminist and black critics – and are nervous that it draws them inevitably into tackling political injustice.

In the charged atmosphere of HIV and Aids it's a thin line between complacency and scare-mongering. Currently it's fashionable to play down the significance of the pandemic. Part of this response is habitual denial; part is concerned with conflicting anecdotal reports of the true scale of HIV infection, particularly in central Africa. Both aim to reduce our responsibilities.

The truth is that HIV is spiralling out of control. Even the most conservative esti-

With a stroke and a smile; safer sex gets people talking in Uganda (above); Aids Education poster from Kenya (below).

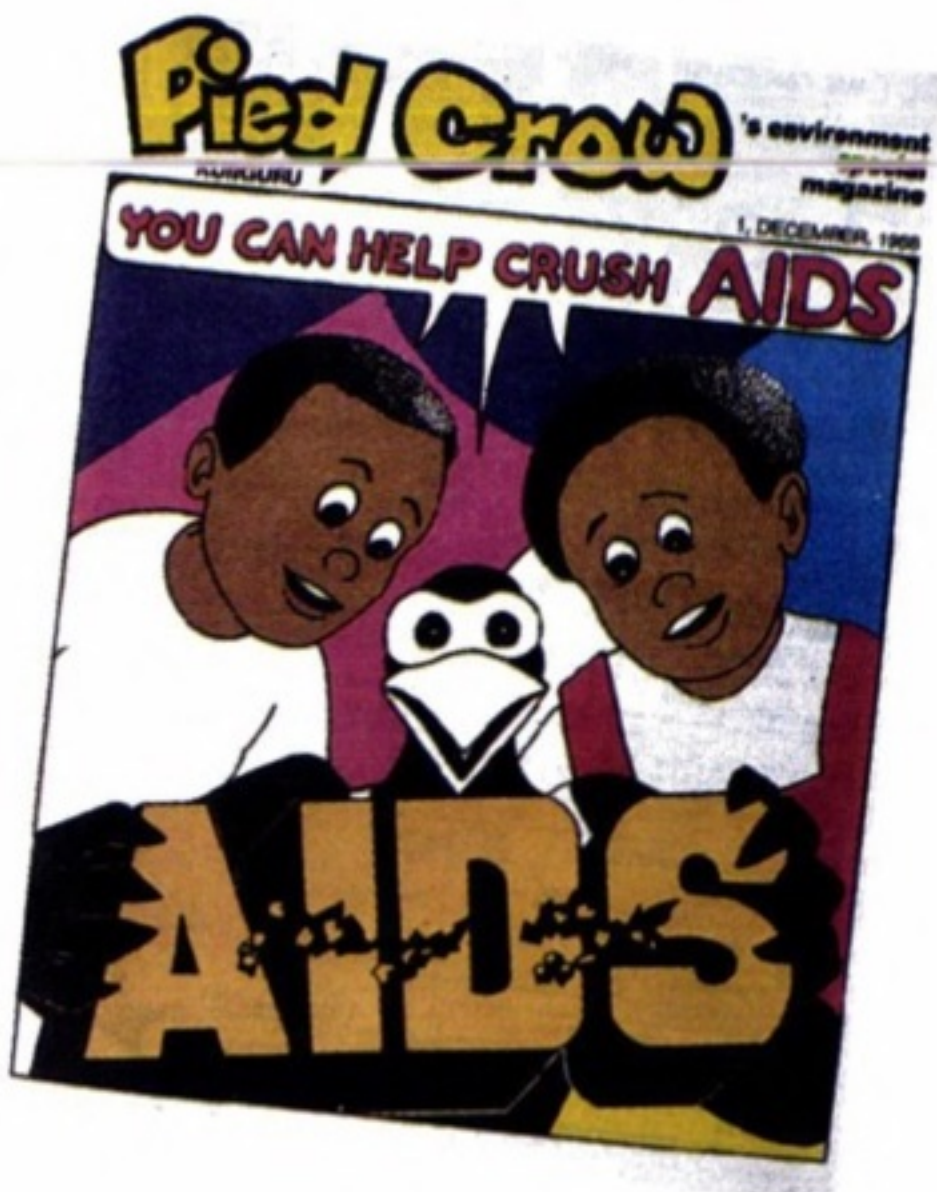


TOP: MIKE GOLDWATER / NETWORK; BOTTOM ROB COUSINS / PANOS

mates suggest that the number of people infected will triple within six years. No community in the world can claim to have stopped HIV infection – few have begun to meet their sustained needs for health care. And as the virus advances, stigma and violence continue to plague many people with HIV and Aids.

Some hope can be drawn from small measures. Where we can protect ourselves from the virus we generally do. Individual changes in the way we have sex help to reduce HIV risk, which cuts the chances of transmission significantly. Aids may not be an inevitable disaster. Much suffering is preventable and depends on our humanity. If we tackle the discrimination that restricts health care, we can slow down the rate of infection. Stopping HIV will take more than a handful of condoms. It demands political will to tackle the inequalities that let HIV flourish.

1 From a speech by James Anderton, the former police chief of Manchester, UK. 2 Like other viruses, HIV mutates. Two strains of HIV; HIV-1 and HIV-2 have been identified. HIV-2 is less common, found mainly in West Africa. For the purposes of this magazine HIV-1 and HIV-2 are not distinguished. 3 For a discussion of the history and effects of 'plague language' on disease, see *Illness as Metaphor & Aids and Its Metaphors*, Susan Sontag, Penguin 1991. 4 *The Invisible Epidemic: The Story of Women and Aids*, Gena Corea, Harper Collins. 5 Quoted in *The Hidden Cost of Aids*, The Panos Institute, London 1992. 6 For a fuller critique of Burroughs Wellcome and AZT see *American Journal of Public Health* 81 (1991): 250. 7 From Jon Gates' speech to the Canadian Aids Society, May 1992. A documentary of his work is available from Harvey McKinnon Associates, 2524, Cypress St, Vancouver BC, Canada V6J 3N2. 8 Dr Jonathan Mann mapped out the interconnections between health and human rights in a lecture to the Terrence Higgins Trust on 14 October 1993.

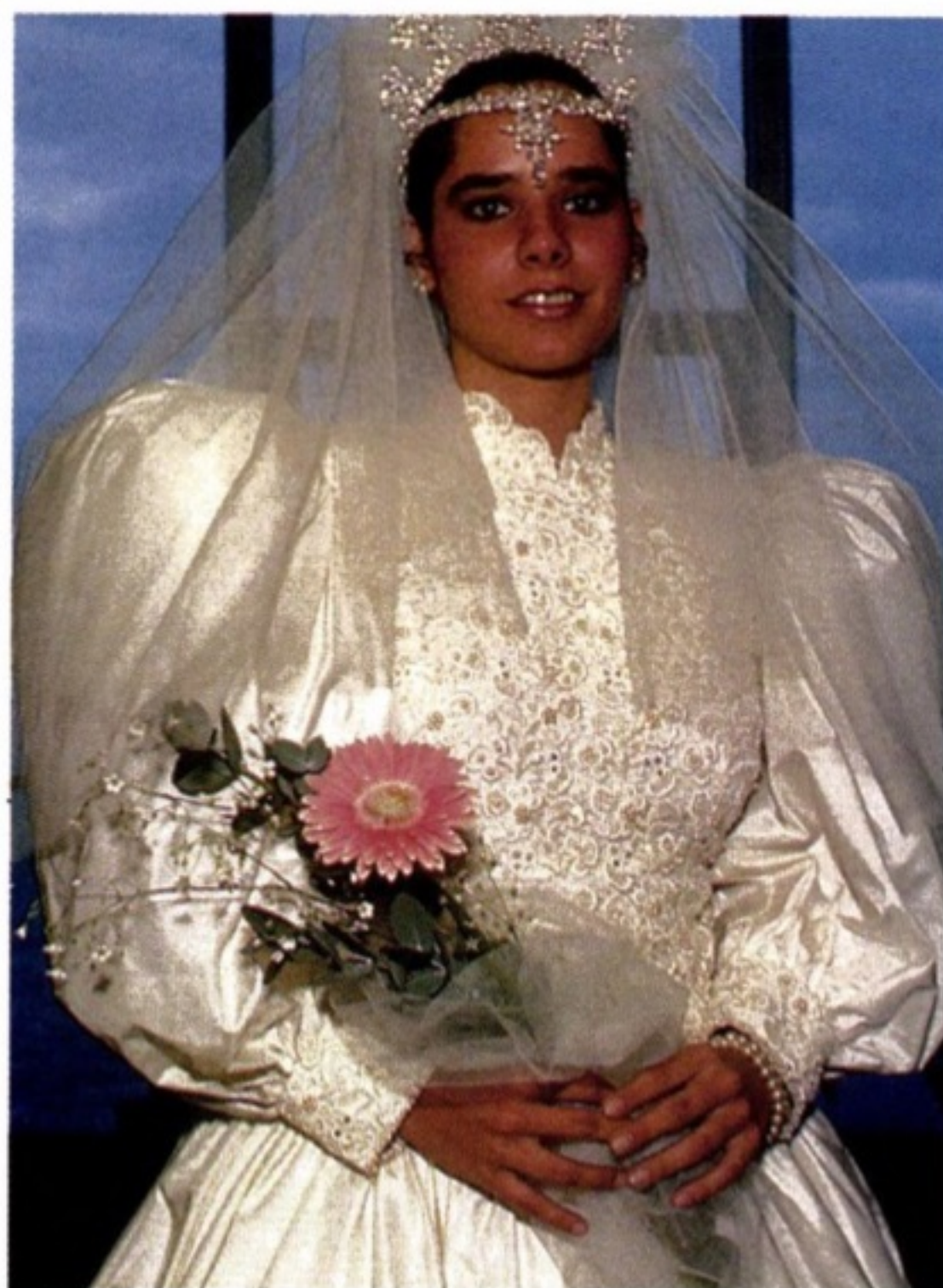


Sex, lies and a certain virus



The marriage is monogamous, the relationship honest – or so the fable goes. Then the woman gets HIV – from her husband. It's happened to two thirds of HIV positive women in Brazil, exposing lies and double standards. Sue Branford asks, what should women do?

IN August this year, 41-year-old Sandra Brea, a well known Brazilian actress, called a press conference in Rio de Janeiro to announce that she was infected with HIV. It was the first time that a female television personality had had the courage to 'come out' about her infection. Sandra said that she had decided to go



Sandra Brea gives women with Aids a public face (top right), while a new bride is promised truth eternal (above).

public as part of a publicity drive to raise money for a hospital catering for Aids patients.

The Brazilian media – which for several days treated the announcement as a major news story – gave sympathetic coverage. A clear indication that Aids, which just five

years ago was regarded as affecting only 'deviants', is finally being seen as a health hazard that threatens everyone.

Even so prejudice and ambiguities remain, as Sandra's case also shows. Fifteen years ago, Sandra was one of Brazil's leading sex symbols. Her company was coveted by the rich and famous. Sandra had three brief marriages and numerous love affairs. With a frankness that shocked the country, she told the picture magazine *Manchete*: 'As for sex, I accept any credit card – even the old-fashioned man-woman relationship.'

However, when she courageously decided to make her announcement in August, Sandra could not bring herself to discuss the source of her infection honestly. Pressed by journalists, she said that she had suffered a car accident in 1991. 'Unfortunately the blood was infected,' she claimed.

But, as many newspapers pointed out, this story simply doesn't stand up. It is impossible for a celebrity like Sandra Brea to have a serious car accident without the press knowing. Moreover, virtually all blood banks in Rio were free of infected blood by 1991. The only hint that Sandra gave of another explanation for her infection was a sad aside made several days later. 'Dona Aurora, my mother, must be jumping for joy in heaven.' Her mother, who committed suicide in 1987, was known to be deeply disturbed by Sandra's way of life.

As many of those who work with people with Aids in Brazil are pointing out, the illness has entered a new and difficult phase in which it will only be successfully combated if people are honest about their sex lives. As Sandra's experience shows, this is extraordinarily difficult in a country with

Brazil's complex sexual mores. It is one thing to suggest provocatively that one has a lifestyle that many people would regard as promiscuous or deviant; it is quite another to accept responsibility for this lifestyle and to discuss it openly and honestly.

Today over 35,000 Brazilians have Aids, another 500,000 carry HIV. Most experts say that according to current trends one million people will be suffering full-blown Aids and another 10 million will have the virus by the year 2000.

In the early days the people most affected in Brazil were gay men, prostitutes and injecting drug users. These groups have to some extent changed their behaviour. Many gay men routinely use condoms. Self-help groups hold Aids awareness



HIV/AIDS

BRAZIL

workshops and run some remarkable projects including a hospice set up by Brenda Lee, a well known São Paulo transvestite, for colleagues who contracted Aids through working as prostitutes.

Prostitutes, too, are changing, particularly in big cities. 'Last week a client offered to pay me double to have sex with him without a condom. I refused,' says 20-year-old Simone, a prostitute near the Luz railway station in the city centre.

But with each year Aids permeates further into Brazilian society. In 1984 just one in a hundred sufferers was a woman; now it's one in four. Today, 64 per cent of women with Aids were infected by their husbands. As Aids increases among women, more and more babies contract HIV in the womb, from mothers who often have no idea that they have been infected. Today 88 per cent of children under 15 with Aids were infected by their mothers.

On her first wedding anniversary, Albertina Volpato, a teacher from the city of Curitiba, found out that her husband had Aids. Nine months later, by then aware that she too had been infected, her husband died. Albertina refuses to blame her husband. 'I don't want to play the role of victim so I'm not blaming anyone,' she said.

Albertina's loyalty is moving, but her failure to apportion blame for her personal tragedy reveals the common difficulty many Brazilian women face in tackling the next phase of the epidemic. Brazil has long paid lip service to the myth that most marriages are monogamous and a woman is safe by her husband's side. The Aids epidemic is demolishing this fable, but women and men are finding it difficult to adapt.

Regina Loureiro runs an Aids clinic in Brazil's most southerly city, Porto Alegre.



CHRISTOPHER PILLITZ / NETWORK

Relationships stretched by temptation on the club scene of Rio (above);
Workers let themselves go at a Rio weekend fiesta (below).

Some 300 women have been to the clinic for an anonymous HIV test. According to Loureiro: 'Most of the women know that their husbands are having other relationships and the risk they run, but they don't protest because they have been brought up to be submissive'. One woman came back for the result of her test with a black eye and a cut lip. 'She had been beaten up by her husband when he found out where she had had the test.'

What's urgently needed is a shake-up in the balance of power in sexual relationships, particularly between men and women. Despite the emergence of a strong women's movement in Brazil, many Brazilian men demand sexual fidelity from their wives, yet believe that they themselves can have many partners. Even if women become strong enough in the relationship with their partner to insist that he uses a condom, this is not a complete answer. Many couples want children and conception carries a high HIV risk. The only real solution is for men – and to a lesser extent women – to face up honestly to their own sexual practice and to change it. To protect their partners and unborn children they must either abstain from unsafe sex, with men or women, or take precautions when doing it.

Slowly and painfully, some Brazilians are facing up to these changes. Marcia is a fully trained therapist currently unemployed in a recession that's hitting the middle classes as well as the poor. She survives today by running a newsstand in São Caetano, an industrial suburb of São Paulo. 'I married my husband, Paulo, when I was 20 years old and we had two children. Then, quite by chance, I discovered that Paulo was also having homosexual relationships with young men and

wasn't taking precautions.' Marcia continued: 'It came as a shock, of course. But what worried me most was the dishonesty – Paulo had not only lied to me, but was actually putting our lives at risk by doing so.' Paulo wanted more children, but Marcia refused, saying that Paulo first had to change the way he lived.

In Marcia's case it ended in tears. Paulo moved out after a terrible row. But Marcia has no regrets. 'In the past men behaved irresponsibly and got away with it. Now more and more women are challenging this. They are telling men that they have to behave honestly. I really believe that I could have accepted Paulo's bisexuality if he had been honest with me and if he had taken care that none of us ran the risk of catching HIV. In the long term I think that the Aids epidemic may do us all good, for it will force us to change. The problem is that Brazilian men are so reluctant to face up to the real implications of the Aids epidemic. Isn't that also the case in England?'

As I struggled to answer this question, I watched Marcia's nine-year-old son, Ramiro. While he was washing up, he was listening intently to our conversation. Now and again, he interrupted to ask a question. Marcia replied as honestly as she could, even when she was talking about something that he found difficult to understand. Marcia often talks about the need for Brazilian women to bring up a new generation of men who will not thoughtlessly reproduce the macho attitudes of their fathers. In her case, at least, she is practising what she preaches. ■

Sue Branford is a talks writer for the BBC's Latin America Service. She has been São Paulo correspondent for British newspapers *The Financial Times* and *The Guardian*.



AIDS MYTHS...



...AND THEORIES





Bringing it home

*Drug companies sell pricey treatments. Charlatans hawk magical cures. Meanwhile, **Sunanda Ray** tries to provide relief for her Aids patients in Zimbabwe.*



FADZAI is seventeen. She came to see me because she had developed large lumps in her neck. Her inflamed lymph glands together with her other symptoms suggested HIV infection. We talked. She had run away with a soldier who bought her presents. He promised she could carry on at school to do her exams; he would pay her fees, she would cook and clean for him in return. When he was bored with her he sent her back to her parents – but by then she was already infected.

The lumps were obvious and needed some explanation. She was afraid to tell her parents when her HIV result came back positive. The community sister went with her and spent a very long time talking with them, that day and for several days afterwards. They feared she would infect the younger children because she slept in a bed with her two sisters. They were adamant they wanted her to leave. They owed her nothing. She had spoiled the good name of the family. This was going to

The message in these bottles is changing village life irrevocably.

spoil the chances of the younger girls to get married and who was going to look after her when she got sicker?

I had very little to offer her. The best I could do was to find out if the lumps were due to tuberculosis which could be treated. We had hundreds of tins of the mainstay drug in the Third World for treating tuberculosis – thiacetazone and isoniazid. But it

was giving people with HIV such terrible skin reactions that many died of these before even being classified as having Aids. So I stopped using it.

There is an alternative. In richer countries they use rifampicin. But in Zimbabwe supplies of this drug are erratic and, anyway, it's too expensive to give to everyone. In richer countries people with HIV who might develop tuberculosis get preventative medicines. In Zimbabwe, because the tuberculosis is considered a public health problem, patients get free treatment and care. But with 10 per cent of the population thought to be HIV positive, prevention is a luxury we can't afford. Often we don't have the drugs to treat all those who already have tuberculosis with or without HIV, let alone those who are still healthy. And because we can only treat some patients we are missing out on all the preventative work we could be doing with people who are HIV positive. This in turn affects people who are not carrying HIV, who are now exposed to a new tuberculosis epidemic.

The price of pain

If Fadzai's lumps were not from tuberculosis she would be stuck with them – and a visible sign of being HIV positive. There would follow stigma and whispers behind her back. If we could not persuade her parents to look after her, to let her rejoin the family, she would be on the streets fending for herself. That could mean selling herself for a place to sleep or for the next meal.

The realities of Fadzai's situation were very much in my mind on the way to last year's international Aids conference in Amsterdam. The conference was a bizarre and painful experience. We know that the majority of people living and dying with Aids are in the Third World. Yet the conference centre was full of exhibitors from the health (or disease) industry advertising products that we would never be able to afford. HIV test kits, treatments, potential 'cures'; all glossy and expensive. I thought of Fadzai when Western clinicians told us about how life expectancy could be extended by preventative drugs for four or more conditions, including tuberculosis. They had intensive investigations, anything that could be treated was treated quickly. It seemed clear that Aids would soon be another 'tropical illness' that foreign clinicians would visit us to write more papers

about. Aids would join the ranks of malaria, cholera, typhoid; of diseases that have been eradicated in the North but still kill millions across the rest of



the world because of poor living conditions and little access to health care. The élites in the Third World would still manage somehow to get what they needed – the way even now they buy the anti-HIV drug AZT on the black market or have it sent to them by friends abroad.

Activists demonstrating at the conference demanded the right to be included in drug trials and called for less delay and red tape in making drugs available. I appreciated their efforts but noted how few demands were made in solidarity with people living with HIV and Aids in the South; for existing drugs to be made cheaper so that patients could at least have some relief from the diseases that we do know how to fight.

Today a course of treatment for thrush costs the equivalent of a month's take home pay for a government clerk, or four months' pay for a gardener or domestic worker. Drug companies are only really interested in us as a potential market and though our need is great we don't count as consumers because we can't afford to pay their prices.

Many clinicians feel that scarce resources should go towards treatment of curable conditions, so that workers can return to employment. Care for those dying of Aids has low priority in the struggle for resources. A quarter of pregnant women are found to be HIV positive on antenatal screening but even providing disposable gloves for midwives to protect themselves from possible HIV risk during deliveries would be a major drain on resources.

Ritual and reality

When I looked into Fadzai's story again I found a welcome change. She was living at home with her family who had finally accepted her. She was doing the cooking



PHOTOS: TOP: BRADLEY ARDEN / SELECT; BOTTOM: TIMOTHY NUNN.



Hoping for relief: Aids 'cures' are hawked at market (bottom left) while traditional healers offer unique treatments (above).

and looking after the young children. Her mother explained to me that they had taken her to a traditional healer who had performed the necessary rituals to appease the ancestral spirits who caused her illness. In most African cultures disease is believed to be caused by some disharmony between the spirits and the living as a result of something that has happened in the family. It may have nothing to do with Fadzai; it may be something that happened before her birth, for instance if someone did not

pay the *lobola* (bride-price) in a family marriage. Fadzai, for some unknown reason, may have been chosen to warn the family that they must do their duty. By performing the right rituals the family felt that the ancestors were on their side and they could deal with the problem and compensate for bad spirits. Even though the traditional healer had not cured her and she still had lumps on her neck, the family felt that they had done everything in their power and were therefore able to accept her illness and care for her in the family.

Aids is highly stigmatized, leaving people isolated and scared. Being HIV positive is often kept secret for fear of losing a job, home and friends. Traditional healers have an important role to play. Many of their herbal remedies give relief for loss of appetite, diarrhoea and vomiting. They also give hope when conventional therapists say there are no cures. Early 'education' campaigns gave the message 'Aids Kills' and had the effect of frightening people without giving them the support or motivation to change the behaviour which put them at risk. But since traditional concepts of disease do not emphasize individual responsibility, it is more difficult to persuade people that they can help stop the epidemic by changing sexual behaviour.

Traditional healers feel threatened by foreign scientists and drug companies. They fear that their herbs and remedies will be taken and analyzed for active ingredients which will then be processed and sold back to us at a vast profit for the drug companies. Traditional healers who originally identified these remedies would get neither the credit they deserve nor a share of the

profits. This means that potentially useful treatments are kept secret and are not accessible to the wider public. Some healers, claiming to have 'Aids cures' charge exorbitant fees – up to \$200. They have no vested interest in making these treatments more widely available but perhaps there could be progress for patients if the credit and profit from effective treatments could be shared.

But it is important not to be romantic about all healers. People have blown all their savings on remedies advertised on the grapevine as cures for Aids. In the markets multicoloured tablets are sold for prices as high as expensive Western drugs like AZT. There is a growing black market in these drugs sold two at a time to people desperate for relief.

Any hint that a drug might be promising as with Kermion (a drug developed in Kenya) and people with HIV sell up everything to buy those few tablets that may give a chance to defeat the virus. This is fertile ground for corruption. Whether it is individuals or drug companies there are big profits being made out of the Aids epidemic and those trying to live with Aids are caught in the middle.

What will it take?

So where does this leave us? There is no cure as yet for Aids. Early treatment of infections can delay the progression from HIV to Aids which gives people more time in good health. Time to plan for their children, to make arrangements about school fees, to negotiate who will look after them. Treatment of symptoms can also reduce pain and suffering. Without the right drugs, none of this is possible. There has to be some way that co-ordinated action around the world can demand fairer access to treatment for the majority of people living with Aids, here in the South.

What is clear to us in the South is that there is nothing special about Aids. As a doctor it is hard for me to know that my patients may die of treatable diseases because our community cannot afford the medication. Imagine the pain a mother feels watching her child die of pneumonia, knowing that if she lived another life, if she had transport to the nearest clinic, if she could buy the drugs herself, her child might survive. What people at the Amsterdam conference were angry about – the feeling that they are being denied access to drugs – is our daily reality. The drugs exist, somewhere in the world – what more will it take before we are allowed to use them?

Sunanda Ray is a doctor and women's health activist. She is a founder member and chair of the Women and Aids Support Network, Zimbabwe and co-author with Marge Berer of *Women and Aids* (see *Worth Reading*, page 28).

Facing the future. An Aids patient in Uganda relies on 'community response'.



The ache of sensuality...

The writer Edmund White discovered he had HIV in 1985. The years since have sharpened his vision of life as, with ennobling honesty, he has faced death, our last great taboo.

PEOPLE are so afraid of dying that they've now decided that only those with Aids will die. There's a line in a decadent French novel: 'As for living, our servants can do that for us'. The new version seems to be: 'As for dying, all those strange, marginal "at risk" groups can do that for us'.

We are all at risk. Those with HIV are not just crowded into the margins but are also inscribed in what printers call the

'body text', the main blocs of type in the book of our lives. Living with HIV we are disabused of our ready-made clichés, those mental pictures in which we never appear.

How to live in the present is something that I have thought a lot about. My lover (who is French) has Aids and I've been HIV positive at least since 1985, the first moment when the test to detect the virus became available. Soon after he was diagnosed at the end of 1989 we moved to the United States for a year and while we were there he was unable to work as an architect (no jobs to be had). He took up a new career as a cartoonist. Since he's a perfectionist he worked night and day on his

drawings for a year before he showed them to anyone. With amazing rapidity he evolved a style of his own, but he was constantly anxious, partly because he's always been consumed by self-doubt despite his remarkable successes, but also partly because he knew he was on a very tight schedule. His life expectancy is far from brilliant. Yet despite the demands of his elegant style and his high standard, he's managed to do one book of cartoons and is now planning another. I wonder how many of his laughing readers realize that many of these drawings were done while he was blind in one eye from herpes or fighting to regain his mental sharpness after a terrifying, disorienting bout of toxoplasmosis.'

His real courage is to have taken up a new artistic pursuit at all. Naturally on

some level of awareness everyone knows all human efforts are futile or at least evanescent, but most of us manage to bury that appalling reality beneath the drudgery of work or the habitualness of daily life. The person with Aids, however, sees through necessity to the end of all needs, death. That vision neutralizes everything that is cozy, familiar, automatic. Someone once said that we couldn't go on living if we knew the moment of our death. Aids gives us that tragic certainty, and if we go on living it's out of courage or purest folly – certainly in spite of an acute awareness of existentialist absurdity.

Just as medieval monks contemplated human skulls in order to remind themselves of what lies in wait for all living creatures, in the same spirit the man or woman or child with Aids never forgets for long the imminent approach of mortality. Periodic crises and the death of friends are potent reminders.

But what to do with this awareness?

When my best friend died of Aids I watched him in his last days juggle with two different senses of time, as though he were keeping two different sets of books on future accounts. He was intermittently lucid and knew all his efforts would soon be cut short; he wrote his will, saw friends, eliminated fools and finished his last book. At other times, however, he'd forget about his imminent death and would talk as most people do about projects five, ten, fifteen years hence. He was performing a delicate balancing act – fooling himself just enough to remain cheerfully engaged with the future while being honest enough not to miss a second of the present, of what may be the only heaven we'll ever know – the heaven of friendship, of natural and artistic beauty, the ache of sensuality, the ennoblement of love, the taste of raspberries and cream.

I am reminded of all those unexpectedly joyful instants afforded by Aids: the permission to be as different from the others as one always longed to be; the courage to comfort the ill, even in the cold heart of institutions (prison, hospital); the inspiration to devise new ways of expressing faith or grief or to return to those consecrated by tradition.

Aids is a lonely thing. The body is alone and fearful when one awakens at three in

the morning, sheets drenched through with night sweats. Aids is a despairing thing. It is a slow decomposition rather than a mercifully sudden surcease; it's a way of wearing down moral resistance, the devotion of friends, funds, resolutions to be optimistic. Aids may be opportunistic, but it usually comes inopportunely to cut short lives that have yet to be fulfilled.

Nothing can eradicate this suffering but some organizations help – with legal, medical and financial counsel, with information



MAIN PICTURE: ERNST HAAS / MAGNUM; INSET: RENÉ BURRI / MAGNUM

about treatment or resources, with everyday tasks such as shopping, cleaning, dressing, going out for a walk. Aids is happening to us all.

I long for a miracle to eliminate the need for so much help but barring that I hope everyone will contribute money and time to those organisations that care.²

Edmund White has written several novels including, *A Boy's Own Story*, and the biography *Jean Genet*. This essay appears as an introduction to the forthcoming collection of photographs to be published by Cassell called *Positive Lives: Responses to HIV* (see *Worth Reading*, page 28).

1 An infection which can cause jaundice and brain lesions.
2 See *Action* on page 28.

CHILDREN AND MOTHERS

LIVING with HIV, in the intimate relationship that a child shares with its mother or carer, creates extremely intense emotional pressures. None of the contradictory emotions can be rationalized. Both adult and child live on a roller coaster of love and judgement, support and fear, comfort and alienation. All this is fought on a secret battleground; discretion is essential if the child is to retain contact with the outside world that is not ready to understand what this illness means.

One woman said, 'My child is a miracle and a blessing. If I'd first learnt about HIV, she would never have been conceived.' These pictures were inspired by conversations about positive women and children.

JENNY MATTHEWS,
PHOTOGRAPHER.

DAISY

I TOLD my parents Daisy was dying, but I couldn't tell them what was wrong. She became paralysed and I wanted to prepare them. I just said it's a disease of the central nervous system. Having to lie was awful. I really needed my mum at that stage. She'd always been there for me.

Gradually, Daisy stopped speaking. She became paralyzed so that she couldn't sit up. She was in great pain, she had impetigo all over, she had thrush, she'd get diarrhoea. She got pneumonia in the end. But the thing that kept me going right up until three weeks before she died, the one thing she could do was kiss. And at night when I'd be carrying her, she'd be going kiss kiss like that, as if to say, 'It's all right, Mummy'. That just kept me going. And her eyes. The last three weeks she was more or less comatose, but now and again you'd see something in her eyes.

My children were absolutely fantastic. My daughter would carry Daisy around on her shoulders, to give me a break. And my son was the only one who could get her to sleep: he'd sit rocking her little chair. And the two little ones, they did everything – they changed her nappies, they did everything.

I had told them that she was going to die. I said, 'Daisy's not going to live to be grown up'. And it was strange, because they were just so involved, they gave her so much love. They were amazing.



"Any other medical condition you could talk about. People would be sympathetic. We live behind a veil of secrecy."

PRUDENCE

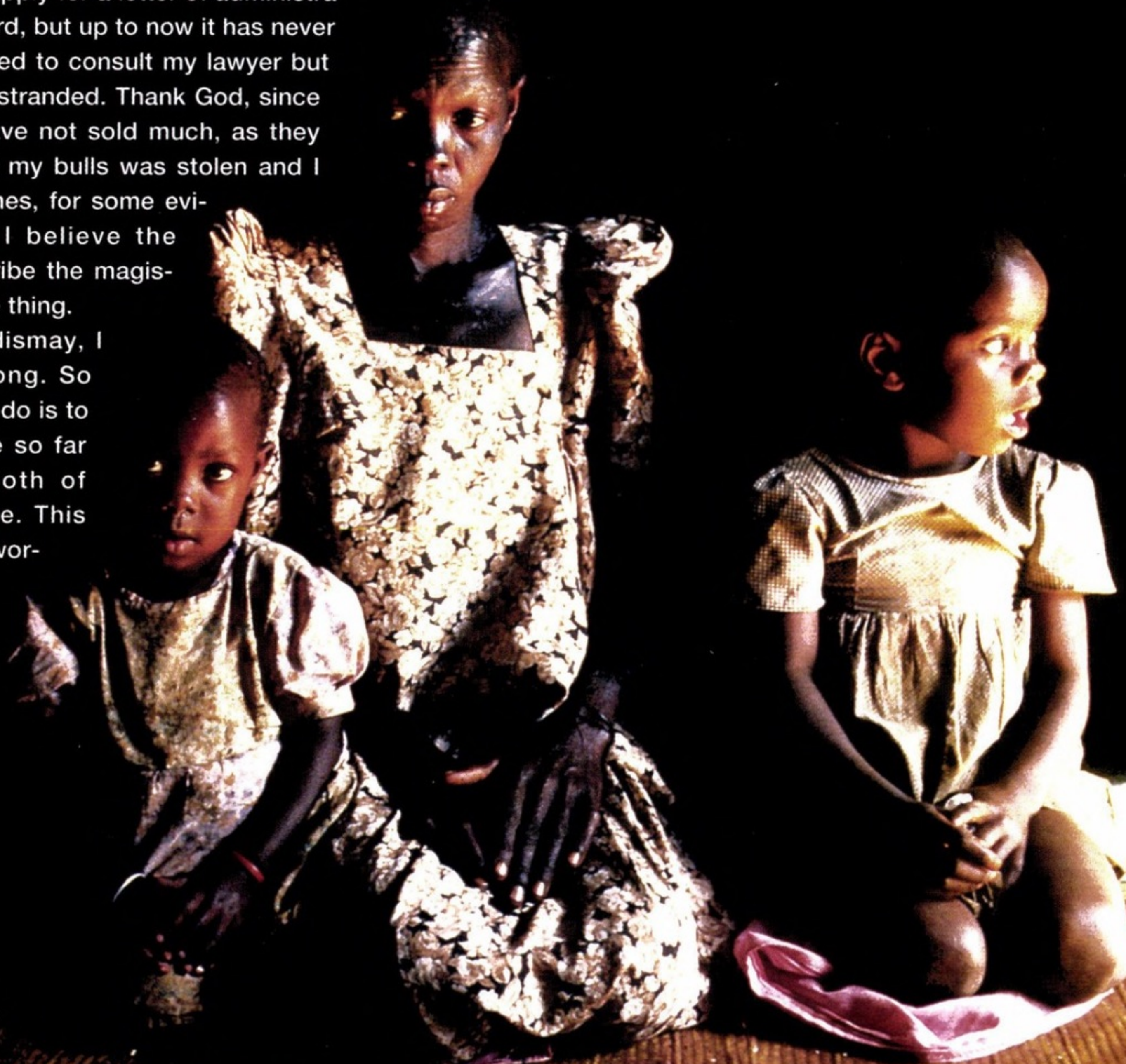
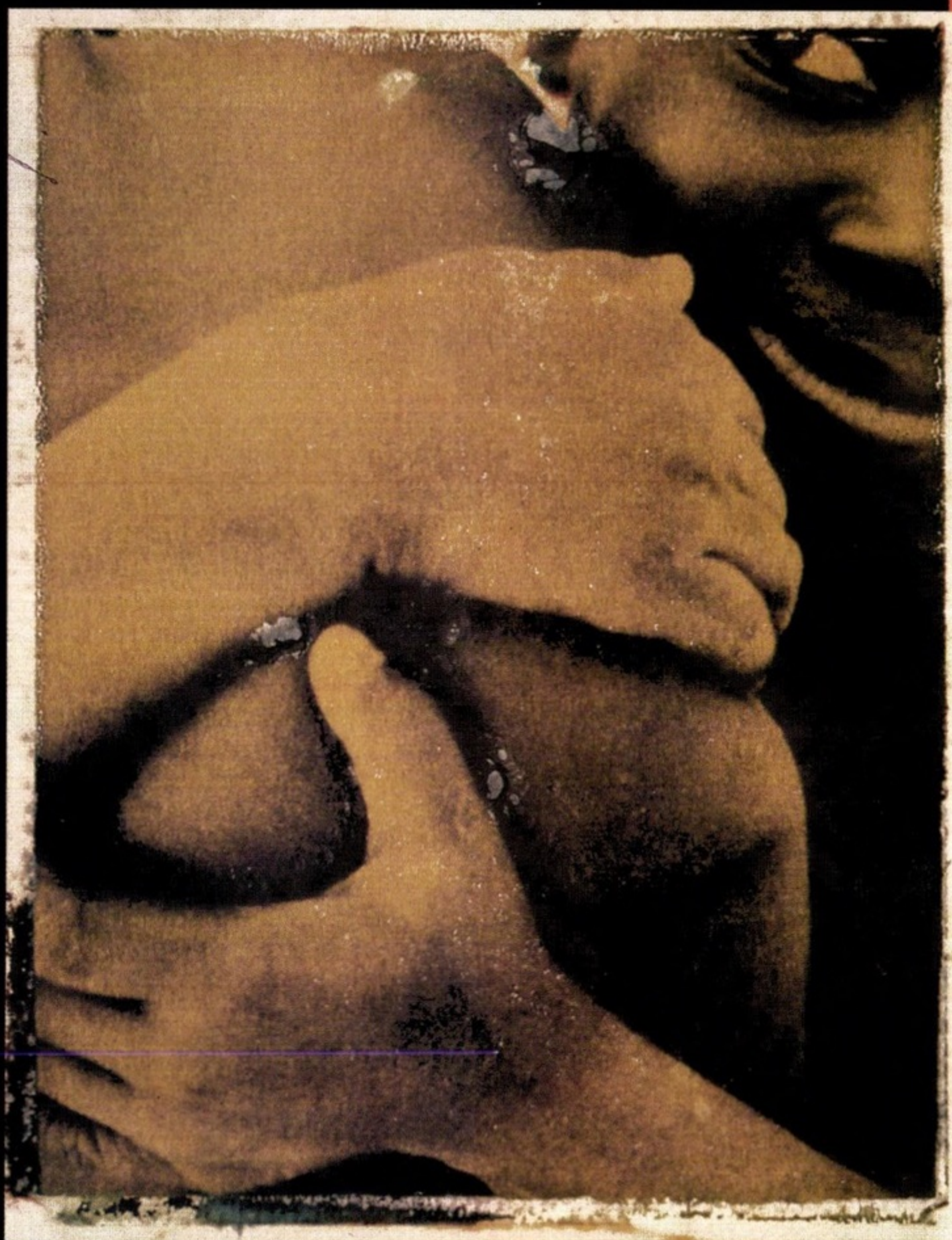
My husband died in 1988 and left me with five children, six months to ten years. The baby nearly died. With him dead and me infected, life was surely not on my side.

My parents-in-law wanted me to divide every little asset in the house, from plates and pans to the bed. A few days after the burial, my father-in-law was looking to sell my sewing machine. Since some sympathizers were still around, I told them and he cooled down for a few days.

I had a set of oxen and a plough and one day, while I was at the hospital, I came home to find the children telling me 'many uncles and grandpa came for the oxen. They said they are taking them to keep somewhere.' I discovered where and why they were taken. If I kept digging with the plough, I would be very rich food-wise and I wouldn't run away. So I should starve with the children, face real hardship and that would make me run away, leaving them to remove whatever they wanted. But I remained strong and people helped me with my work and, thank God, I now have something to feed the poor kids.

Then they wanted to sell a bull, again without my knowledge. Soon after, they wanted to sell one of the three pieces of land which according to my late husband, was to be for his three sons. This was too much for me. I had to apply for a letter of administration. The case was heard, but up to now it has never been judged. I have tried to consult my lawyer but all in vain. I was really stranded. Thank God, since the court day, they have not sold much, as they also fear a bit. One of my bulls was stolen and I believe they are the ones, for some evidence was proved. I believe the money was used to bribe the magistrate to delay the whole thing.

However, to their dismay, I am still well and strong. So what they now want to do is to poison me. They have so far tried two people, both of whom came to tell me. This has given me a lot of worries. Because God made money and money can make men mad. One day they may land on someone ready for the money.



For credits and notes for these pages, please see page 27.

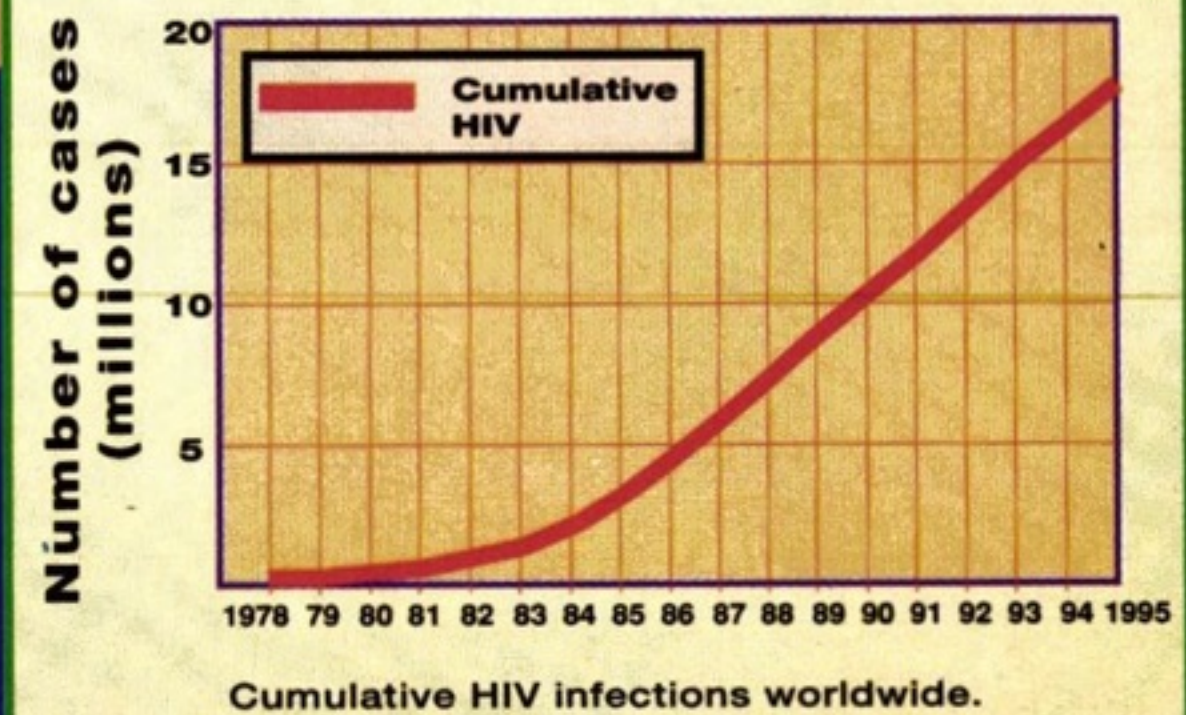
From body to body politic

How the HIV virus moves through the human body – and through society.

Body: The cells that help the immune system function are called CD4 cells. The HIV virus takes over these cells and turns them into virus factories. In order to get through the CD4's protective wall, it wears a friendly protein 'cloak' to fool the CD4 cell into opening its doors.

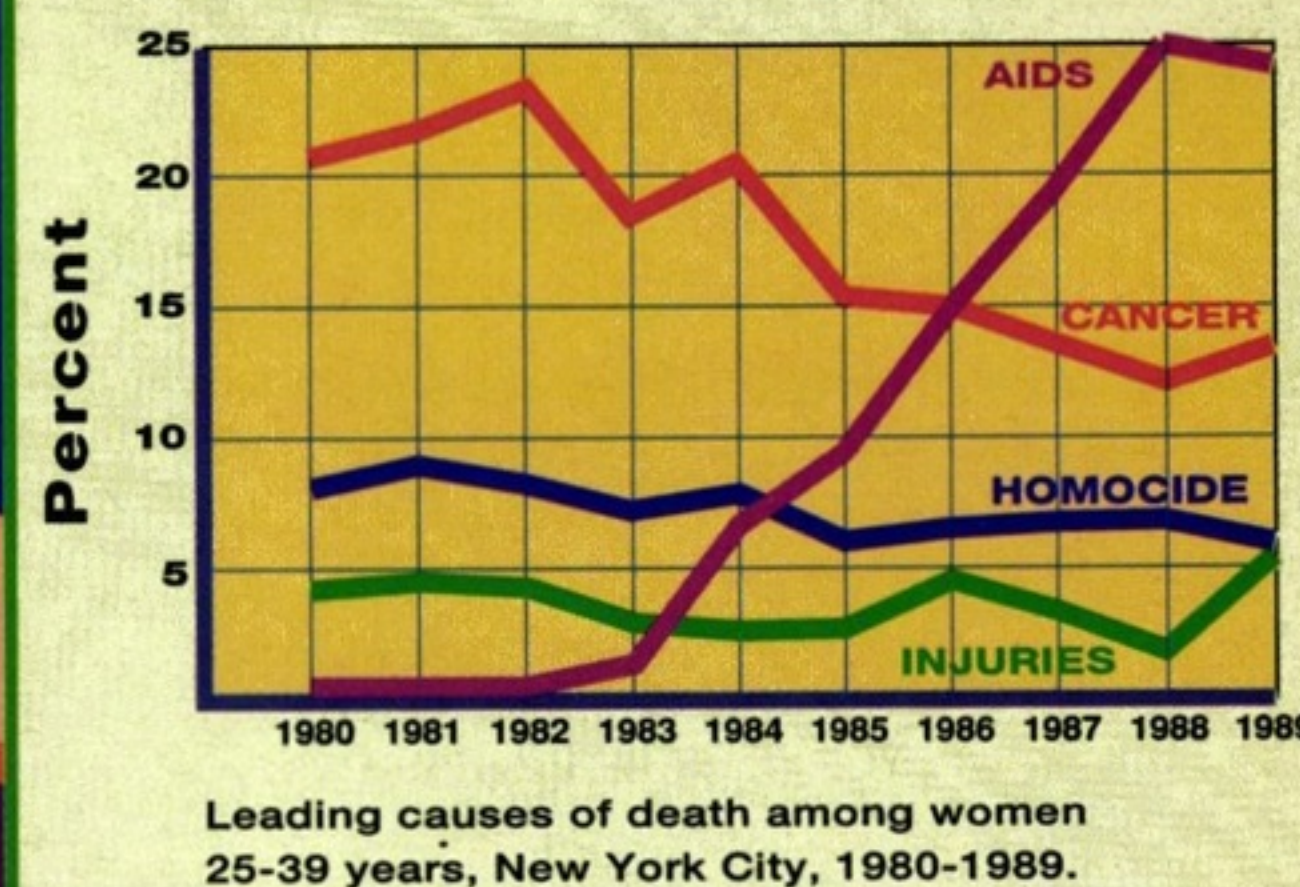
Body: The newly formed viruses leave the infected cell, ready to invade other cells.

Body politic: The virus spreads invisibly through society – transmitted through infected blood, semen and vaginal fluid – and builds up a population of carriers. Governments remain complacent until deaths are common and the epidemic well established.



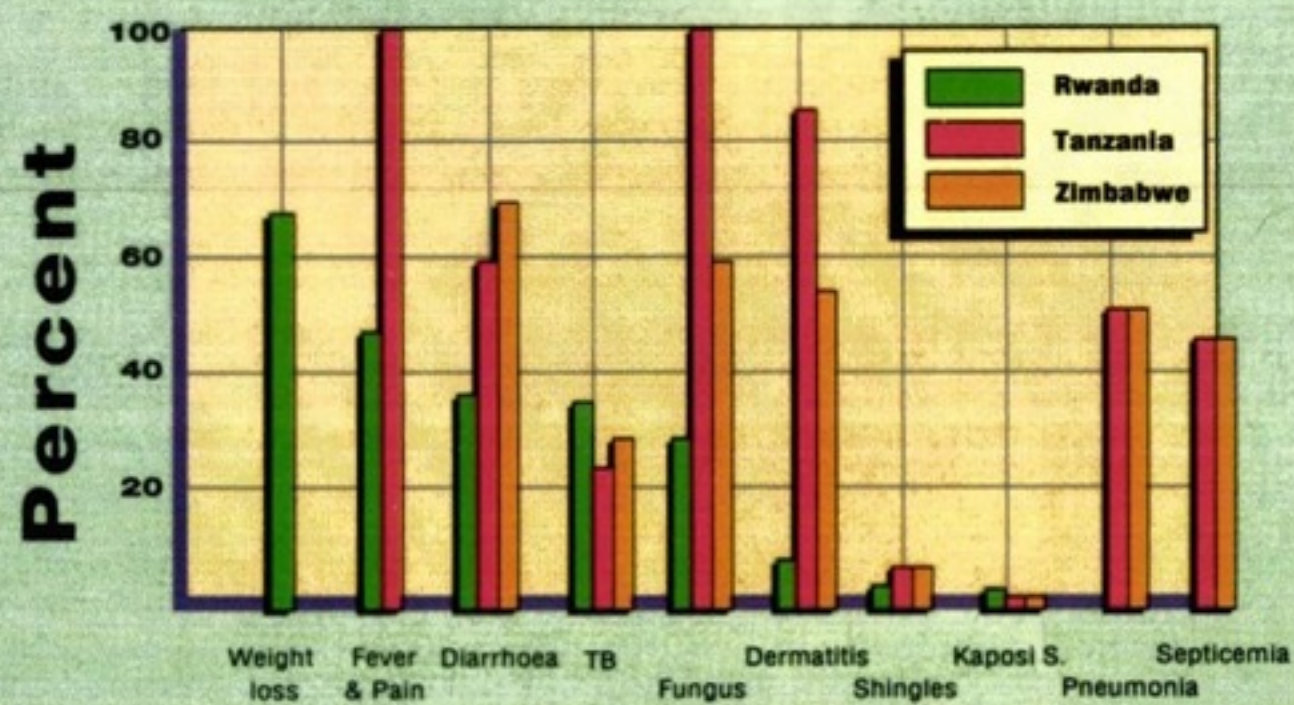
Body: The virus heads for the CD4 cell's control room, the nucleus. To get in it disguises itself to imitate the cell's own managers.

Body politic: Aids becomes a major killer.



CD4 CELL

Body politic: With their immunity systems disabled, those carrying HIV have a far reduced capacity to fight off diseases common in their environment.

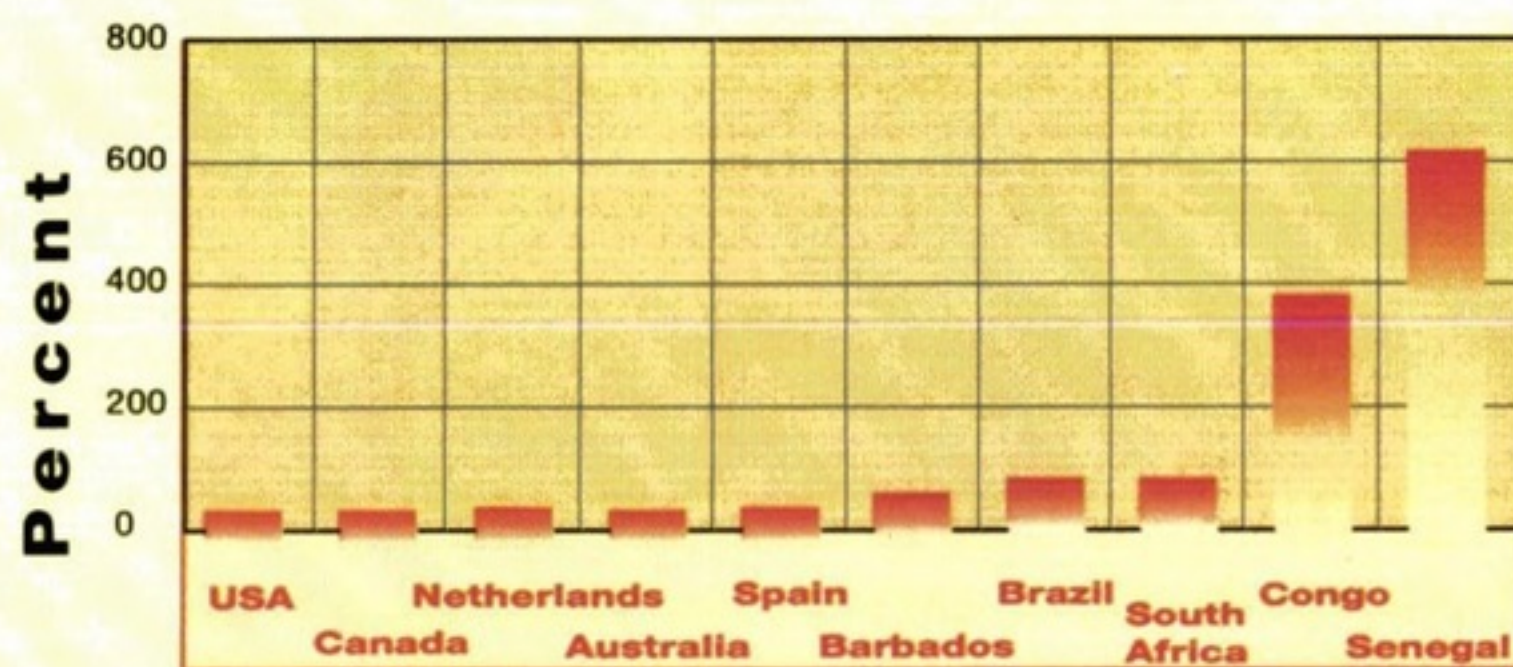


Prevalence of certain conditions in AIDS patients in three African countries.

3

Body: The camouflaged virus infiltrates the CD4 cell's 'control room' - the nucleus - taking up strategic positions.

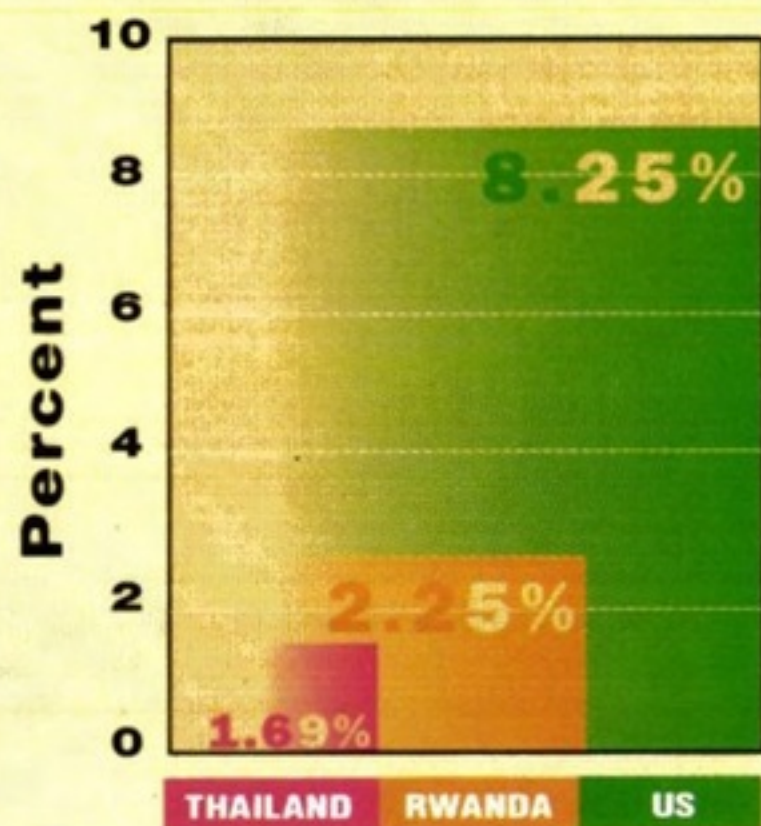
Body politic: The drug AZT - which is designed to inhibit the movement of HIV in the body - has been beneficial for some AIDS patients. But only those in rich countries or who belong to Southern élites can afford it.



Annual cost of AZT as a percentage of per capita GNP.

Body: The virus reveals its true identity, storming the control centre of the CD4 cell and instructs it to make new viruses.

Body politic: With no way to kill HIV in the body, stopping the spread of HIV in society will only happen through public awareness. But many governments remain unwilling or unable to devote resources to effective education and patient care.



Annual per capita spending on health care as a percentage of GNP.

All graphs from *Aids in the World*, Global Aids Policy Coalition, Harvard University Press 1992, except for 4, calculated by New Internationalist.



MIKE GOLDWATER / NETWORK

When living is a luxury

The World Bank says that care for the dying is a luxury in poor countries.

Maggie Black finds more humanity on the ground than in the boardroom.

THE outline of a patient's form under the grubby cloth can just be detected. He is lying on a blue plastic mattress with a hole cut out around the anus through which the endless diarrhoea can fall out and trickle down a drain. Apart from the iron bedsteads there is no furniture in the room except for metal sentinels dripping saline solution into emaciated arms.

At the foot of a bed stands his sister swathed in red. A gaudy galleon becalmed amidst the stillness of the dying.

This is the infectious diseases ward of Treichville Hospital in Abidjan, Ivory Coast. The director, Dr Agness Justine, says that two thirds of her patients have Aids. 'Their families desert them. They

cannot afford to pay for the cheapest bed or treatment and they're terrified,' she says. 'The Ministry of Health has been asked to let Aids patients pay reduced fees, but they haven't agreed and there's no money to improve our hospital care.'

In Ivory Coast, as elsewhere in Africa, social budgets are under severe pressure due to economic crisis and structural adjustment. In Uganda, health budget cuts run up to 60 per cent. In clinics up and down the continent, drugs are short, buildings in disrepair, staff are poorly paid and demoralized. Meanwhile Aids cases are inexorably mounting.

No-one who has visited an Aids ward would suggest that patients should be

denied medical care. Refusing care is not an option in Africa, any more than it would be in Europe or North America. As Susan Foster, a medical researcher in Zambia points out: 'When a patient turns up in bad shape, he or she will be looked after. So we had better get used to the idea that care will be provided, and stop frightening ourselves by counting the cost.'

Yet there is a marked reluctance among donors to Aids programmes in Africa to 'waste' money on Aids patients. The World Bank, for example, says that treatment is not cost-effective and prevention is the answer. 'We must protect health systems against being overloaded by people who cannot be helped,' says Edward

Jaycox, Vice-President for Africa. 'This sounds cruel, but it's absolutely necessary that someone has enough cool in these situations to be able to make these decisions.' Dr Terence Stamp, Minister of Health in Zimbabwe, disagrees. He sees this attitude as the equivalent of telling Africa to go jump in the lake.

Those who live or work in situations where they confront whole families devastated by Aids daily could be forgiven for jumping in the lake. But Aids has stimulated selflessness, as well as stigma. Agness Justine, for example, has set up a charity called Espoir Cote d'Ivoire. Her volunteers raise money to pay patients' hospital fees, buy sheets and food and visit the sick to feed and comfort them in hospital and at home. This is what donor agencies call 'community response'.

The best known and longest established voluntary group – TASO in Uganda – was set up by Noerine Kaleeba after her husband died of Aids in 1986. She was so appalled by the rejection they experienced when he was dying that she determined to do something for others living with HIV. She wanted to help people with HIV look after themselves, set up businesses and support each other to overcome the terror and economic ruin that often accompany HIV and Aids.

In Masaka and the neighbouring Rakai districts of Uganda, the social and economic effects of Aids are palpable. An overgrown banana plantation here, a derelict hut there, an elderly woman out in the fields feebly wielding a machete at a time of life when she should be sitting peacefully. Why? Because all the children of her dead sons and daughters – 14, 16, even 30 altogether – are now dependent on her. A tractor may be lent for planting, or some money to help keep the children in school. But the number of orphans in the area is around 40,000 and without welfare support, the famous African extended family cannot extend itself to manage.

Like Agness Justine in Abidjan, Ursula Sharpe of St Joseph's hospital in Masaka is frustrated by the donor agencies' lack of interest in patient care. 'If, with patient care, I can keep an Aids patient alive for six months, I prevent the children being orphaned sooner than necessary and gain time for parents to make provision. Let children see their parents die in dignity. That will help them,' she says. But no. Counselling, condoms, radio jingles and street theatre are fashionable; prevention is great. But the patient in a village hut whose 12-year-old daughter nurses her alone and unaided for months

on end – she can be forgotten.

So how is Aids prevention, that the donors are happy to fund, going to come about? 'Behavioural change' is the formula they recommend. They host expensive meetings in the Novotel and Sheraton Hotels, and discuss 'social marketing' for getting condoms onto African penises. Prevention campaigns usually consist of billboard and TV exhortations. They exhort away, and condom sales have risen from zero to some, but 'behavioural change' does not come easy.

So far, in Aids prevention, there is very little proof of behavioural change where dying has not yet begun. In Africa where it

those most affected – may be the best preventative of all.

Donor agencies – for all their good intentions – seem to have an ivory tower relationship with HIV. They produce elaborate schemes of 'objectives' and 'inputs', which have a make-believe quality when viewed from offices in the Ministry of Health, let alone from the bedside of an HIV patient. They study epidemiological trends, attractively transformed by computerized graphics. They talk about sex education, and maintain that their interest in African sexual practices is purely scientific. And they talk constantly about 'the community' – the word seems to have a mantra-like appeal – and seem to think that whatever it is, it is providing an 'enabling environment' to help combat Aids.

In Treichville and in many HIV-affected homes an 'enabling environment' is a piece of unsewn cloth for a sheet; a volunteer with a kind word and a tin plate of mushy food; a woman in a confection of red silk visiting her brother; a home visit to persuade a girl in terminal decline not to fulfil her heart's desire and get pregnant. The 'enabling environment' does not include proper patient care, liveable wages for nursing and medical staff, income support for the wife rocking on her haunches over the inert body of her husband, about to be widowed and with three small mouths to feed.

Over eight million people have HIV in Africa. No vaccine or treatment will be produced in time or at an affordable cost to tend these patients-in-the-making. Are the donors really suggesting that voluntary groups are the answer?

Instead of talking up 'community responses', officials meeting in the Novotels and Sheratons would be well advised to provide a significant injection of funds, training and equipment into Africa's foundering health care services. If they could bring themselves to visit somewhere like Treichville Hospital, perhaps reality would intrude.

The problem with Aids is that reality is very hard to bear. 'Objectives' and 'inputs' are infinitely easier to face than the skeletal form of the person whose life is visibly ebbing away through a hole in a plastic mattress. 'I don't know where this is going to end,' says Agness Justine. 'We can't go on like this forever.'

Former NI editor **Maggie Black** went on to work at the UN for several years. She is now an independent writer and editor, who has written extensively on HIV, Aids and the developing world.



Born into a brave new world where HIV infected mothers are urged to continue breastfeeding (opposite), and giving condoms to teenagers is essential (above).

has begun, there is still no sign that behavioural change is reducing HIV's spread. And where the dying has begun in earnest, health facilities are already overwhelmed. What do the donors recommend for this? Ah yes, the 'community response'. They invite Kaleeba and Justine and other outstanding individuals to the Novotel to describe what they are doing, and they applaud enthusiastically. They wax lyrical about the 'mobilization of community resources'. What resources? And they don't give them money for patient care. Yet patient care – with its intimate contact with partners of the sick and with

Simply...Health and Humanity

HUMAN RIGHTS are good for health. Despite calls to act against people with HIV, most governments have realized that driving HIV underground by demonizing sufferers does nothing to stop the virus. Many governments have intervened to restrict the freedom of movement of people with HIV and Aids but none have legislated to protect them from the many forms of social discrimination. Too often the best that can be said is that governments have not reacted as badly as they might. Here are some examples of good and bad practice.

EUROPE

UK

Needle exchanges reduce the rate of HIV transmission for injecting drug users. Mortgages, life assurance and other financial services may be impossible to obtain by those who know they are HIV positive.

GERMANY

Compulsory testing for foreign students. In the state of Bavaria, prostitutes are presumed to be infected and are subjected to compulsory testing every three months.

AMERICAS

CANADA

No compulsory HIV screening for immigrants or foreign students, although HIV status may be taken into account in granting residency.

US

Compulsory HIV tests are imposed on refugees and people applying to immigrate. Those testing positive are refused entry. Some US companies agree to respect employment rights and provide partial health cover for employees affected by HIV and Aids. But violence against people suspected of being HIV positive is on the increase.

CUBA

Sanatoria have been established where people who test positive are kept until they are regarded as 'responsible enough' to be released. Not all achieve this.

BRAZIL

Many street children end up as prostitutes and become infected with HIV. In prisons, Aids and HIV education programs are being developed which include counselling and condom distribution.

VENEZUELA

The health ministry is developing a program to offer legal assistance to people discriminated against because of their HIV status.



♦ North America: 1 million

AFRICA

UGANDA

Openness in recording the extent of HIV infection helps health workers map the progress of the pandemic. In some villages there are only children and grandparents left. Foreign agencies flock to the country to do research – with little tangible benefit to local people.

Feminist lawyers in Uganda and Zambia have pioneered efforts to enable widows to retain control of family affairs.

ZIMBABWE

Programs on Aids in the workplace encourage employers to take safer sex education and workers' health more seriously. This can help reduce the stigma associated with the virus.

SOUTH AFRICA

Traditional healers are being enlisted in HIV prevention in the Transkei. Their involvement is essential since more Africans consult healers than medical doctors.

SUB-SAHARAN AFRICA

Up to half of all donated blood and blood products are not screened for HIV. Screening is comparatively easy but requires an immediate investment of cash and resources.

♦ North Africa

♦ Latin America & the Caribbean: 1.5 million

Applicants wishing to enter the civil service must also undergo an HIV test.

RUSSIA

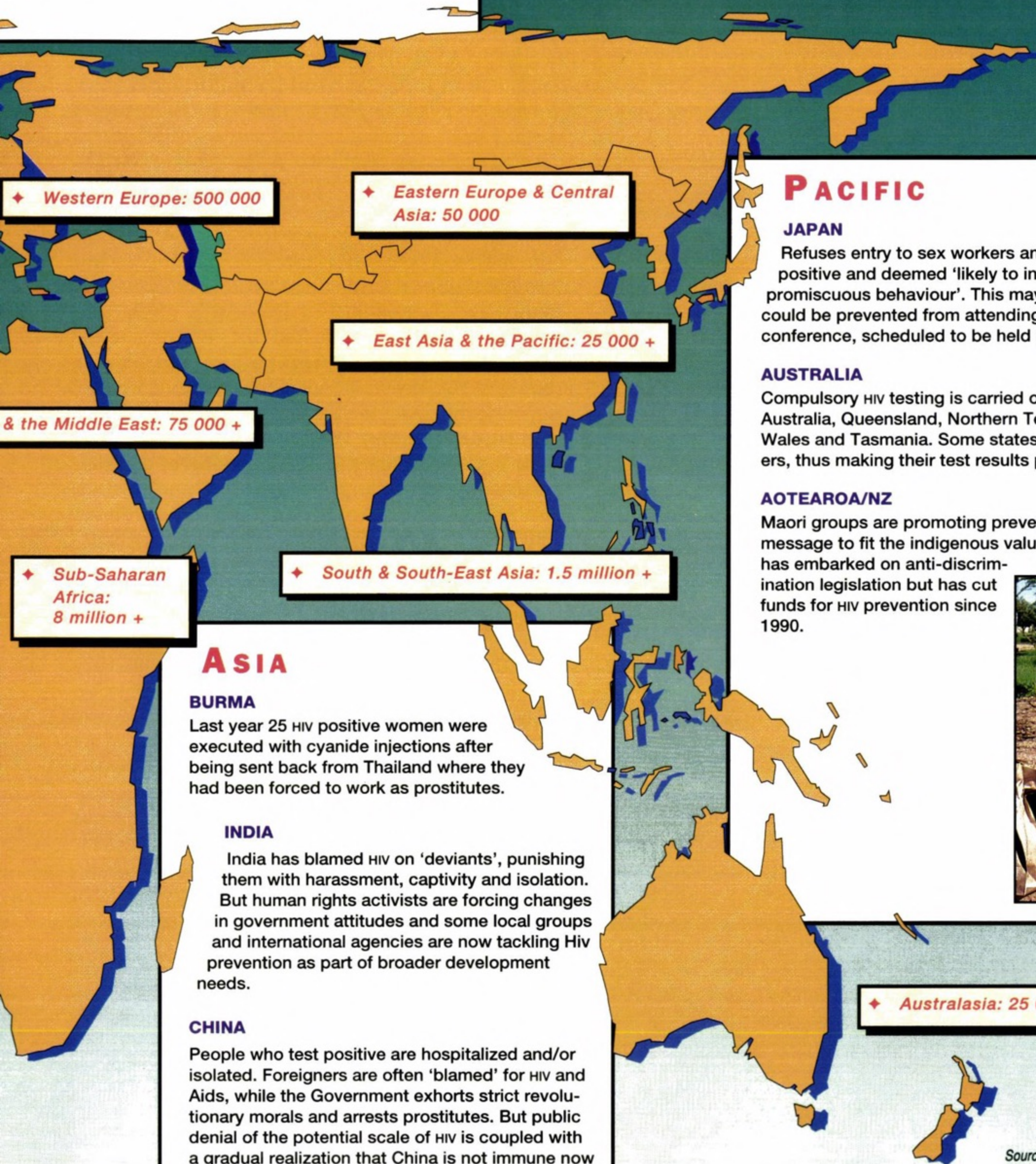
The Russian parliament legalized gay sex, realizing that if HIV/Aids education is to work homosexuality must no longer be seen as a crime. Since the collapse of the USSR many medical authorities are under-resourced and reliable sterilization procedures have become impossible to maintain.



KEY

♦ Estimated total adult HIV infections: mid 1993.

GLOBAL TOTAL:
13 million +



PACIFIC

JAPAN

Refuses entry to sex workers and people who are HIV positive and deemed 'likely to infect others by promiscuous behaviour'. This may mean that delegates could be prevented from attending the next world HIV/Aids conference, scheduled to be held here.

AUSTRALIA

Compulsory HIV testing is carried out in prisons in South Australia, Queensland, Northern Territory, New South Wales and Tasmania. Some states then segregate prisoners, thus making their test results public knowledge.

AOTEAROA/NZ

Maori groups are promoting prevention and tailoring the message to fit the indigenous value system. Government has embarked on anti-discrimination legislation but has cut funds for HIV prevention since 1990.



ASIA

BURMA

Last year 25 HIV positive women were executed with cyanide injections after being sent back from Thailand where they had been forced to work as prostitutes.

INDIA

India has blamed HIV on 'deviants', punishing them with harassment, captivity and isolation. But human rights activists are forcing changes in government attitudes and some local groups and international agencies are now tackling HIV prevention as part of broader development needs.

CHINA

People who test positive are hospitalized and/or isolated. Foreigners are often 'blamed' for HIV and Aids, while the Government exhorts strict revolutionary morals and arrests prostitutes. But public denial of the potential scale of HIV is coupled with a gradual realization that China is not immune now that its own Aids cases have been reported. Injecting drug users are publicly executed.

THAILAND

Like Ethiopia, Thailand manages to fund over half of its Aids programmes from domestic resources.

Sources: World Aids Datafile, Panos Institute, May 1993. *Aids in The World*, Global Aids Policy Coalition, Harvard University Press, 1992. *New Internationalist 1992 World Events*, NI 239. Global Programme on Aids, WHO, various publications including *The HIV/Aids Pandemic Overview*, 1993, and *Tabular Information on Instruments Dealing with HIV Infection and Aids*. Thanks to Centre for Medicine Ethics & Law, Canada.

Bigots take

Moralizers are encouraging HIV infection. Ashok Row Kavi and Dinyar Godrej focus on how they do it in India.

IN their 'frank! revealing! no-holds barred!' interviews film stars are talking about it – chastity and fidelity. They worry about kissing, offer their opinion on 'homos' and think up concerned advice for their admirers, like 'life's too precious to waste on a fling'.

Elsewhere in India's film glossies, exposés reveal the routine sexual shenanigans of the stars. The double standard has a long tradition in India, strengthened again by the fear of Aids.

At first those who had read about it thought it was a distant scourge happening to foreigners. Inherent notions of cultural superiority dismissed the possibility of Aids in India; Indians were good, it wouldn't happen here. When it came, denial came with it. HIV came from contact with foreigners and was their fault so the general population needn't worry. MPs took time off from political wrangling to contemplate a bill proposing a ban on sex with foreigners.

Now it's a pandemic and ordinary people are affected. The World Health Organization estimates that there are a million people with HIV in India and expects the figure to triple within two years. Others estimate eight million. In Bombay alone 120,000 people are thought to be HIV positive. The official response? Hysterical bigotry.

In 1990, some 854 women from Bombay's red-light district were rounded up and sent to Madras. They were put in jail, then shunted around the city to clinics. Over 400 tested HIV positive. When some were placed in hospital they were shunned by doctors and other patients fled. Some were held in a 'vigilance home'. The state minister for social welfare said that women whose families would take them back could leave once they knew what being HIV positive meant. But as one woman said, 'After publicly announcing we have been at the vigilance home, known as a place where only prostitutes are held, which family will risk the dishonour of taking

us back?' Blaming the women and throwing them out of Bombay only reduced the chances of their getting counselling on how to minimize the risk to others and cope with HIV.

Dominic D'Souza, India's first person with Aids, received similar impractical and discriminatory treatment. A regular blood donor while employed by the Goa branch of the World Wildlife Fund (now Worldwide Fund for Nature) he was taken to a local hospital under armed guard in February 1989. It was only when he saw a register with 'Aids' written in bold across the cover that he realized he was HIV positive. He was held at a tuberculosis sanatorium under armed guard to 'protect him'. No one touched him and food was left at the door of the cell. But through demonstrations and protest marches his family and friends pushed Dominic's plight into public focus. He was released after 64 days in the sanatorium but WWF sacked him and he was required to stay at home. Dominic became an activist publicizing the damage caused by prejudice until his death in May 1992.

In India prejudice can be something of a hydra-headed monster: chop one head off and another grows in its place. Following a minority religion, belonging to a lower caste, being 'polluted' by menstruation or childbirth or disease or death can all lead to isolation. Small wonder then that HIV should be misunderstood.

Infectious diseases are routine and feared. Dredged from the depths of colonial slime comes the 1929 Infectious Diseases Act of Maharashtra, amended to require that all HIV positive people are registered with local health authorities. This even though HIV cannot be transmitted through air, water or the casual contact that the Act was designed to control. Often even doctors imagine that HIV is contagious and won't touch patients or let them sit on their chairs. A lethal plague mentality develops, based on ignorance and confusion. The Maharashtra government even considered making being HIV positive a 'cognizable offence', allowing detention without a warrant.

Since anonymity isn't guaranteed, the Act predictably drives people underground which speeds up the spread of the virus. As Dominic D'Souza said: 'When you go underground without medical counselling, without advice on safe sex, you're going to

the temple

transmit the virus to others'.

A modern form of untouchability is at work. Doctors at privately managed hospitals are doing illegal tests on all incoming patients without counselling. Patients testing positive at private Bombay hospitals like the Harkisondas, Jaslok, Breach Candy, Bombay and Hinduja are unceremoniously kicked out, including those needing urgent care. The reason given off-the-record is that the 'innocent should not suffer'. Somehow testing positive is being guilty. The sufferer is criminal.

Aids prejudice rides on the backs of many others like the Indian concept of *Mardaani*. Mardaani says that low sexual control is a characteristic of men and it is women who are to blame for 'tempting' the man to fall from purity. This idea opens the door to misogyny and women become vulnerable to blame for new stigmas like spreading HIV when in reality it's much more difficult for a man to get HIV from sex with a woman than vice-versa.

Gays are also scapegoated. After years of invisibility (gay sex is still illegal) fledgling groups are emerging only to find the plague mentality hemming them in. Bombay's influential gay community were frightened that safer sex information in *Bombay Dost*, India's first lesbian and gay newsletter, was scare-mongering and would turn them into targets.

Aids now activates all the stigmas of an incurable sexually transmitted disease. The truth in India is that over half the HIV infections among men are through blood products or injecting drugs. But sexual transmission is increasing and there is a widespread sexual coyness as common among doctors as among the public. Bombay GPs stormed out of a lecture because oral and rectal gonorrhoea was mentioned. Meanwhile, safer sex information is held up by bad presentation. In Tamil Nadu a massive slogan campaign proclaimed mysteriously: 'Aids is a killer disease. If you have unconventional sex, you will get Aids.' Most disregarded the message, assuming the kind of sex they had was conventional.

From high up in his ivory tower Dr K Abhayambika, state Aids Programme Officer for Kerala, proclaimed: 'Our younger generation and youth still practice virginity till their nuptial day. The religious customs and god-fearing living habits are a shield of protection against many social evils. It

Erotic temple carvings at Khajurhaho show a tradition of celebrating Indian sexuality.

will be difficult even for the HIV to penetrate this shield.' Such ignorance kills, yet no-one has put the bigwigs in the dock.

As time runs short one can't help wondering, what happened to the sexual frankness and tolerance of the past when temples were adorned with erotic art and a wide range of sexual expression flourished? How did our cultures absorb so readily a prudish Victorian morality which is life-threatening today? The paradox is that sexual activity is, as ever, plentiful, but the subject of sex is dirty and shameful for most. Disease similarly brings the stigma of uncleanness and people believe that avoiding all contact with HIV positive people will keep them safe.

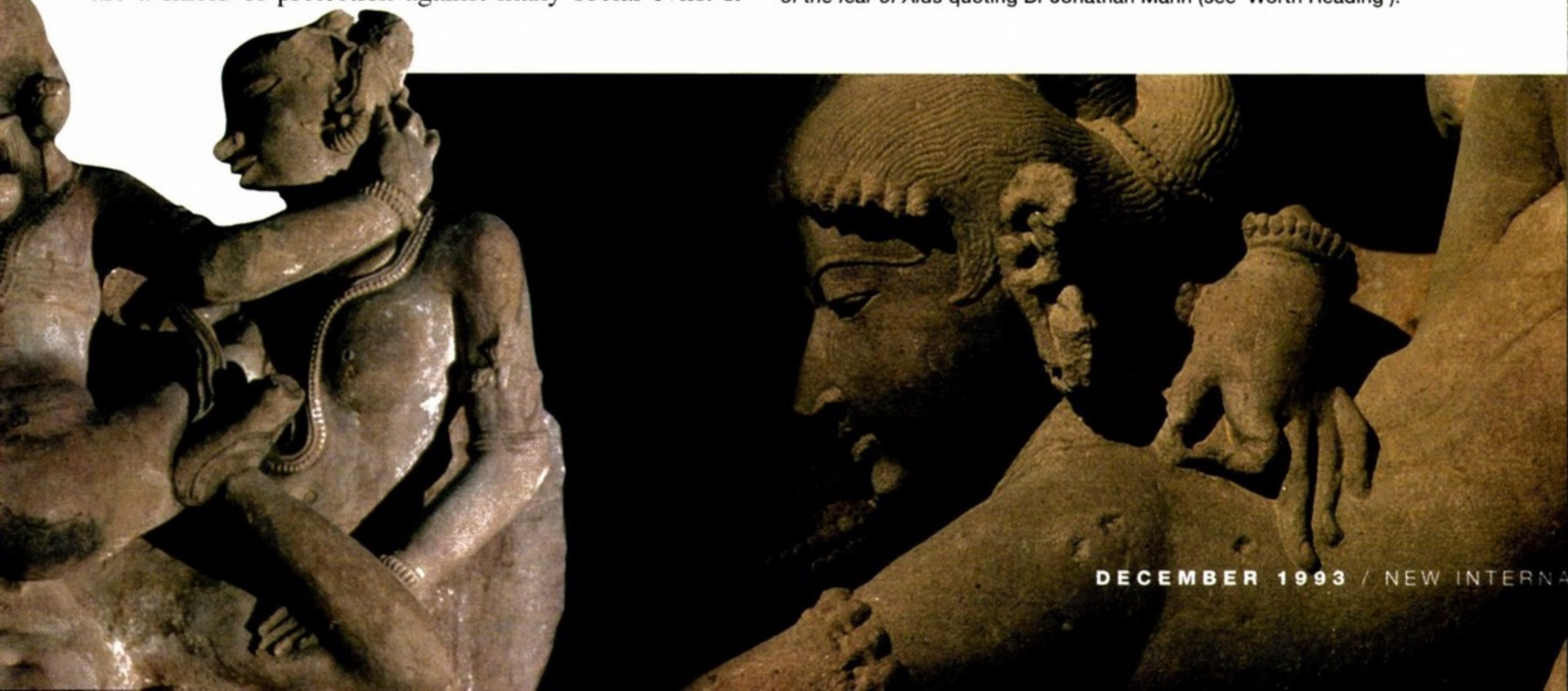
Education efforts are coming from marginalized, community-based organizations who are forcing the government and medical establishment to face HIV head on. Groups like Aids Bhedbhav Virodhi Andolan (Campaign Against Aids Discrimination), *Bombay Dost*, the Lawyers' Collective and the Tata Institute of Social Sciences are attempting to stem this third epidemic of prejudice.¹

Recently there have been some advances. Gays are organizing and sharing life-saving information. HIV positive people are 'coming out' in the media, returning the blame to hypocrites who shun them, and insisting on continuing their lives as normal. Instead of blaming prostitutes, some local groups now see them as potential safe-sex educators. For India, knowledge of HIV is essential to overturn the moralizing and false security of so much of the political and medical establishment. The fight is on to get heads out of the sand. ■

Ashok Row Kavi is a gay rights and HIV/Aids campaigner based in Bombay. **Dinyar Godrej** is a freelance writer and poet from India.

Notes.

¹ From Jon Tinker's introduction to *The Third Epidemic: Repercussions of the fear of Aids* quoting Dr Jonathan Mann (see 'Worth Reading').



'A plague of hatred,



prejudice and intolerance is spreading against the gay community. While we've been creating our own support groups, educating ourselves and funding our carers, the media have been making criminals out of the victims. While we've been fighting for money we need, that we have paid in taxes, the authorities have been too busy trying to decide whether straights are affected so as to justify any expenditure. The fact that people are dying seems to be irrelevant if they're queer.

If you don't like our lifestyles you have no right to comment, because when we are dying or crying or grieving you are only there to add to the misery. Soon you may come to realize that we have long stopped caring what you think of us. We just want you out of our lives. If Aids does spread to the general population, don't expect compassion in return for the scorn you gave us. We're not saints or angels, just people exhausted from years of supporting our own.

Our real existence has been denied in the media, in public life and on the streets. So, we've defined ourselves and explored and understood our sexuality unaided.

The two of us have been together for nearly 10 years. Yet we do not pretend that we will never be attracted to other men. The strength of our relationship is that we can let our partner have safer sex with someone else. We don't need to have secret liaisons. We don't have to lie to each other. We know what's important: that love outweighs sexual fidelity.

Your relationships would be destroyed by simple honesty whereas ours are deep enough to be strengthened by it.

So when you see images of us having sex, realize that by being open we are being honest to ourselves. That is our surest defence against the "gay plague".

Aamir and Martin, UK

'I was a very protected child,

in an 'ideal' family. I was good at school. I had success in everything I did. On the outside, I had to be the luckiest child on earth. But I never felt that way; I was very unhappy. I felt that this was no life, everything was on track – straight, straight, straight.

PHOTOS: JOHN STURROCK / NETWORK



On an Edinburgh housing estate a woman injects drugs into the veins in her groin – the only ones left undamaged by use.



PHOTOS: CHRISTOPHER PILLITZ / NETWORK

Things outside that world were very attractive to me – being with somebody who had 'bad' experiences. My boyfriend was an ex-drug user. He tested positive. In 1985 nobody knew how to handle the disease; there were contradictions in information. I was quite naive and refused to think about it. I infected myself, half knowingly.

I tested positive. Then, there was a time of fighting in the family. It broke down their whole nice world. It was very hard for them. I wanted to show that I can handle it, that I'm strong. Because they warned me, 'don't get involved with a drug user'. It was a breakdown of everything. We didn't talk about it, it was taboo. I had to pretend that I just accepted it and that I could deal with it.

One year later, my boyfriend started to take drugs again, to shoot heroin. I can't understand why – but I told him, 'If you take drugs, then *both* of us will'. And so I started to shoot heroin for about two years. HIV or Aids was never a subject to us; it was just suppressed. When you have drugs, everything is okay, so why think about HIV? It didn't come close to me.

The whole situation changed when my boyfriend died suddenly. He didn't die of Aids. He died on drugs, his body was just gone. It was a very big shock,

because I really loved that man and now he's gone. I was standing there alone and all the problems fell on me.

I had to find my way out of drugs, out of denying my HIV. This was four years after my test result. It took me about one year to fight my drug addiction. It was a very hard time, very self-destructive – thinking and blaming and self-recrimination.

I started an apprenticeship and for two years I worked. Then suddenly, everything broke down. I just stopped, dropped out. I couldn't work. When my bosses learned that I was HIV positive,



they wanted me to go and I left. And the heroin wasn't there so I felt that stress for the first time in all these years. I didn't receive any help from anybody.

Even the doctors I went to didn't know what HIV was. When I went to the hospital with a severe pain and told them I am HIV positive, they didn't know how to react. They asked 'What are you, pregnant?' They didn't know what this was until I said Aids. I was one of the first examples of those strange animals in my home town...

...Sex is another problem for me. My boyfriend and I never had to practise

safe sex, because we were told it wouldn't matter – that a few thousand viruses more or less doesn't matter. So we never thought about safe sex.

Afterwards, it began to be a problem. I met many men so afraid of being infected that it wasn't fun to have sex. It was just explaining, apologising, 'I'm sorry, I'm HIV.' My sexual life just finished, stopped. I was so depressed that I did not have the desire to have sex.

And there's the question of guilt. When I look back I have to keep myself from feeling guilty that I infected myself. Sex came to have a connotation of guilt. And responsibility. I think it's a typical woman's role – being responsible for somebody else. It's there when I have sex. What about the condom, if it bursts? There is always a little risk.

That's very sad. Sex is, for me, a question of life and death. If I want to survive, I want to be there with my whole body.'

Monika, Germany

Notes for pages 16,17, 26 and 27: Thank you to all the people living with HIV and Aids who agreed to be photographed and were willing to tell their stories, both here and on pages 16 and 17. These personal accounts are taken from 'Wise Before Their Time', compiled by Ann Richardson and Dietmar Bolle, from an initiative of Dietmar Bolle who died last year, aged 31, and published by Fount, an imprint of Harper Collins Publishers Ltd., 1992. Most images were developed through Network Photographers and The Terrence Higgins Trust who produced *Positive Lives*, an exhibition exploring the range of impacts of HIV and Aids (see Worth Reading).

Worth reading

Three dossiers from Panos, **Aids and the Third World, The Third Epidemic** and **Triple Jeopardy** carry wide-ranging information on Aids policies and practice in the South. Their **World Aids** magazine provides updates on the current situation. **Aids Action** bulletin, published by **Appropriate Health Resources and Technologies Action Group**, specializes in practical advice on healthcare globally while the Bureau of Hygiene and Tropical Diseases' **Current Aids Literature** newsletter surveys scientific developments.

Some impacts of Aids on gay communities

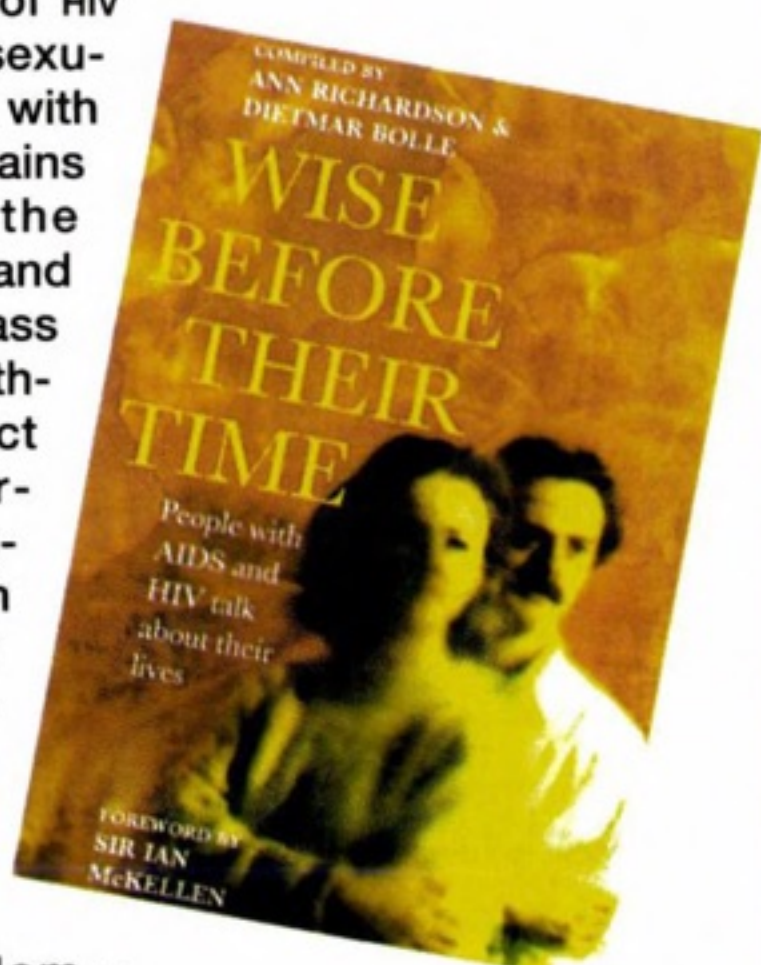
are described in **Bearing Witness** by Philip Kayal, Westview Press, 1993. For a radical view from the barricades **Reports From the Holocaust** by Larry Kramer, Penguin, 1990, documents his struggle for Aids awareness. Both open out on broader political and cultural questions of Aids and human rights explored in the collection **Taking Liberties**, edited by Erica Carter and Simon Watney, Serpent's Tail, 1989. **Women and Aids** by Marge Berer and Sunanda Ray, Pandora, 1990, is an invaluable exploration of much neglected impacts on women. Adam Mars-Jones' collection **Monopolies of Loss**, Faber and Faber, 1992 is a poignant literary portrait achieving in short

stories what the Network photographers do in the photo essays of **Positive Lives**, Cassells, 1993. People with Hiv and Aids describe complex realities in their own words in **Wise Before Their Time**, compiled by A Richardson and D Bolle, Fount, 1992. **We Miss You All** by Noerine Kaleeba is a Ugandan woman's view of Aids, available from TALC (UK Tel. 0727 53869). The series **Strategies for Hope** (Action Aid) gives positive examples of community responses. An invaluable reference book and comprehensive guide to research on all aspects of the pandemic is **Aids in the World**, by the Global Aids Policy Coalition, Harvard University, 1992.

BEING SAFE

Safer Sex

The major route of HIV transmission is sexual. Once infected with HIV a person remains infectious for the rest of their life and can potentially pass on the virus to others. Not every act of sexual intercourse will transmit Hiv from an infected to an uninfected person, but there is a genuine risk of transmission if no barrier – such as a condom – is used.



Safer sex is a way of adapting your sex life to minimize the risk of giving or getting Hiv infection. It embraces the whole range of sexual activities, involving the minimum changes to render them safer. It is called 'safer' rather than 'safe' as it involves greatly reducing risk, rather than completely eliminating it.

Unprotected penetrative sex, whether vaginal or anal, is the major route of transmission of Hiv. Unprotected anal intercourse, whether between two men or a man and a woman, is the highest risk activity. The rectum has less robust lining than the vagina and is more easily damaged. This can provide a route into the body for Hiv from infected semen – and out of the body from the rectum into the penis via infected blood (blood can enter the penis through the hole in the end).

There is evidence to suggest that unprotected vaginal intercourse with an infected woman is particularly risky for the man during the woman's period, though transmission can and does occur at other times. Transmission from man to woman is about twice as likely as from woman to man.

Research has shown that Hiv is more easily passed on if either partner has a sexually transmitted disease (STD). Such infections may leave people more vulnerable to the risk of infection by weakening their immune system. The sores and ulcers that may occur as a result of STDs offer a ready route of entry for the virus. If you have an STD, such as genital herpes, syphilis or gonorrhoea, or indeed any STD, make sure that you get properly treated.

From *Hiv: How To Protect Yourself and Others* published by the Terrence Higgins Trust and the Wellcome Foundation Ltd.

Injecting Drugs

Avoid sharing needles or syringes if injecting drugs. Several cities now operate needle exchanges (see Action).

Action

INTERNATIONAL

World Health Organization Global Programme on Aids, 20 Avenue Appia, 1211 Geneva 27, Switzerland is the official UN response to the epidemic. **International Council of Aids Service Organizations** promotes NGOs and community based groups. HQ: 100 Sparks Street, Suite 701, Ottawa, Canada K1P 5B7, tel +1 613 230 3580. Europe: PB 6879, St Olavs Pl, 0130 Oslo, Norway, tel +47 2 11 49 00. **International Planned Parenthood Federation**, PO Box 759, Inner Circle, Regents Park, London NW1 4LQ, England, tel +44 (0)71 486 0741, has an Aids Prevention Unit. **Panos Institute**, 9 White Lion Street, London N1 9PD, tel +44 (0)71 278 1111, has an AIDS and Development Programme. **AHRTAG**, 1 London Bridge Street, London SE1 9SG, tel +44 (0)71 378 1403, integrates Aids with development issues. **Naz International**, Palingswick House, 241 King Street, London W6 9LP, tel +44 (0)81 563 0191, works with Asian & Muslim communities. **National Council for International Health**, 1701 K Street NW, Washington DC 20006, tel +1 202 833 5900, is an NGO coalition.

UK

National Aids Helpline offers information and welcomes offers of help on 0800 567123. **Terrence Higgins Trust**, 52-54 Grays Inn Road, London WC1X 8JU, tel 071 242 1010. **London Lighthouse**, 111-117 Lancaster Road, London W11 1QT, tel 071 792 1200. **Black Hiv/Aids Network BCM BHAN**, London WC1N 3XX, helpline: 081 742-9223. **National AIDS Manual**, Unit 52, Eurolink Centre, 49 Effra Road, London SW2 1BZ, tel 071 737 1846, produces UK and European directories of treatments and service organizations. **Immunity**, for legal advice and assistance, tel 081-968-8909.

AOTEAROA/NZ

New Zealand Aids Foundation, PO Box 6663, Wellesley Street, Auckland, Aids Hotline: 0800 802 437. **Auckland Drug Information Outreach Trust**, 277a Simons Street, PO Box 68134, Newton, tel 09 309 8519, fax 09 309 8519. **Community Aids Resource Team**, 76 Grafton Road, Auckland, tel 09 309 5560, fax 09 302 2338. **National People Living With Aids Union**, Tom O'Donoghue, PO Box 2558, Wellington, tel 04 382 8791, fax 04 801 5690. **Positive Women** 76 Grafton Road, Auckland, tel 09 309 5560. **Te Roopuu Tautoko**, National Office, PO Box 16050, Wellington, tel 04 389 9676, fax 04 389 9750, works with Maori communities.

AUSTRALIA

Australian Federation of Aids Organizations, GPO Box 229, Canberra ACT 2061, tel 06 285 4464. **Aids Society of Asia and the Pacific**,

c/o Division of Medicine, Prince of Wales Hospital, Randwick, NSW 2031, tel 02 399 2770. **Albion St Centre**, 150 Albion St, Surry Hills, NSW 2010, tel 02 332 4000. **Aids Action Council of the ACT**, GPO Box 229, Canberra ACT 2601, tel 06 257 2855.

USA

Aids Action Council, 2083 M Street NW, Suite 801, Washington DC 20036, tel 202 986 1300. **Act Up (Aids Coalition to Unleash Power)**, 135 W 29th St, 10th Floor, New York, NY 10001, tel 212 364-2437, is the key US activist group. Most groups organized by state.

CANADA

National Aids Clearinghouse, 4-1565 Carling Avenue, Ottawa, Ont., K1Z 8R1, tel 613 725 3769, specializes in Aids education. **CISAM**, 3600 Hotel de Ville, Montreal, Quebec, H2X 3B6, tel 514 292-9888, is a francophone community-based project. **Canadian Aids Society**, 100 Sparks St, Suite 701, Ottawa, Ont., K1P 5B7, tel: 613 230-3580, is an umbrella for Canadian Aids groups. **Aids Action Now!** 517 College, Suite 324, Toronto, Ont., M6G 4A2, tel 416 928-2206 (voice messaging), the main Toronto activist group. **People with Aids Foundation**, 399 Church St, Toronto, Ont., M5B 2JG, tel 416 506 1400, for information and support. **Gay Asian Aids Project**, 17 St Joseph, Toronto, Ont., tel 416 963-4300.

INDIA

Aids Bhedbhav Virodhi Andolan (ABVA), PO 5308, Delhi 110 053. **South Indian Aids Action Programme**, room 109, Outpatients Block, VHS Adyar, Madras 600113, tel +91 44 416 886.

MALAYSIA

Pink Triangle, PO Box 11859, 50760 Kuala Lumpur, Malaysia, tel +60 03 242 5593 offers counselling and prevention programmes.

PERU

MHOL, los Geranios 311, Lince, Apartado 110289, Lima 11, tel +51 14 224 007, for counselling and condoms.

MEXICO

Mexicanos Contra El Sida, Apartado Postal 7-829, Mexico City CP 06700, tel +52 5 512 8734, is an NGO consortium.

BRAZIL

ABIA, Rua Sete de Setembro 48, 12 Andar, Centro CEP 20050, Rio de Janeiro.

UGANDA

TASO, PO Box 676, Kampala +256 41 244 642.

Action section drawn up with Lisa Power and National Aids Manual.

HUMAN RIGHTS



The road to Mandalay is the road to tyranny's nerve centre.

Bad business in Burma

Oil companies prop up dictatorship

BURMA has one of the worst human rights records in the world. Yet the military dictatorship of the State Law and Order Restoration Council (SLORC) receives massive foreign funding – largely from multinational corporations, with oil companies in the van.

Oil companies based in the US, Canada,

UK, Japan and Australia have invested over \$400 million in Burma since 1989. Three companies – Texaco, Amoco and Total – have major long-term plans as the world-wide search for oil and gas intensifies. The oil companies have also built roads and support services which can be used by the regime to suppress opposition.

In 1988 the Burmese regime was on the verge of bankruptcy. Since 1990 it has spent more than \$1 billion on arms, mostly from China. The Indian government fears that China may be making use of Burma to gain access to ports in the Andaman Sea. China provides about a quarter of all official Burmese imports. But China's public attitude remains ambiguous. Despite the fact that China is a permanent member of the UN Security Council and therefore has a veto, a General Assembly resolution earlier this year condemning Burma's human rights record was carried unanimously.

The death toll in the country has now reached more than one million, according to some reports. The forced labour camps match Pol Pot's reign of terror in Cambodia. Aung San Suu Kyi, leader of the pro-democracy movement that was denied office after winning elections three years ago, remains under house arrest. International reaction to the ongoing suppression of human rights has so far been conditioned by the ethics of international business, which 'must go on'. Flush with income from oil, the SLORC regime digs itself in deeper.

Paul Donovan

For more information contact **Burma Action Group, 84, Long Lane, London SE1 4AU**, or **Multinational Monitor (October 1992 edition), PO Box 19405, Washington, DC 20036, USA**.

MENTAL HEALTH

Island of outcasts

Fearful conditions persist on Leros

IT is now four years since conditions on the Greek island of Leros were exposed in the London *Observer*. Hundreds of mentally ill and disabled men, women and children had, to all intents and purposes, been abandoned on what has become known as the 'Island of Outcasts'.

I was a member of a team that visited Leros just after an EC inspection in 1991. We saw evidence of the duplicity of the Greek authorities and the brutality of the regime. People were still tied to beds by leather straps, and there were injuries from beatings. Medical and nursing care were rudimentary.

Despite this some Greek doctors made efforts to show what might be achieved by good practice. In particular they were attempting to establish a horticultural project and open a hostel for rehabilitation just outside the asylum grounds. These projects were praised by the EC team that visited in November 1992. But the rest of their report contrasted sharply with the propaganda film made by the Health Ministry to convince the rest of Europe that all was well.

Six months on, the project doctors resigned from their EC-funded posts. In a dramatic faxed plea to a London-based mental-health organization they said they could no longer continue in the face of government subversion and political patronage. Hundreds of millions of drachma in EC funding had, they said, gone down the drain.

They cited 27 people who had been moved from the asylum into three flats and a hostel in the community under the care of nurses specially trained under the EC program. The Board of the hospital replaced three of the nurses with people of their own choosing who had no training in or commitment to the ethos of care in the community.

Conditions on Leros are not an intractable problem. But there is a deep malaise among Greek authorities and at the EC. The problem is not just a question for Greece, or about the practice of institutional care, but concerns the exclusion from society of citizens of a member state of the EC and what the rights of citizenship are.

Robert Hayward

VOWing in the villages

Jinendra Kumar Jain, an Indian MP, is spreading health messages to distant villages with no electricity by sending out VOWs, or videos on wheels. He sends vans equipped with video recorders, TV sets and large screens into villages. Interspersed with films and advertisements, the videos project messages about sanitation, water and basic hygiene. Jain admitted that ads helped to pay for the VOWs, but he won't accept any from the tobacco companies. Not surprisingly then, 'the tobacco companies have started their own VOWS, carrying their own messages, undercutting our fees for other ads and threatening to throw us out of business,' says Jain.

from *Consumer Currents*, No 156.



THE AMAZON



PHOTOS: GEORGE MONBOIT

Enchantment versus green gold: green gold is winning out.

Green Gold

Mahogany logging lumbers on

MAHOGANY is known as 'the enchanted tree' to many indigenous peoples of the Brazilian Amazon and as 'green gold' to the logging industry. Despite international protests, 'green gold' is still winning out over enchantment.

An injunction granted by the Federal Court requiring the logging companies Perachi, Maginco and Impar to leave the

indigenous reserves in southern Pará state has been suspended. Loggers were joined in their lobbying against the injunction by gold miners who are also operating illegally in the area.

Frustrated by the inaction and corruption of government agencies, some tribes have taken direct action. The Parakaná tribe recently destroyed all logging installations and equipment within the Apyterewa reserve. Three other law suits have been



High risk

Two years after the establishment of a Kurdish 'safe haven' in northern Iraq, an independent report commissioned by Save the Children shows that the future of the Kurds remains threatened as international commitment fades. Around 200,000 Kurdish people are still displaced. International protection is precarious and dependent on six-monthly approval from the Turkish government. Iraqi incursions by troops and undercover agents continue to terrify the population.

A double blockade – an embargo on the Kurdish areas imposed by Iraq and UN sanctions on the whole of Iraq – prevents essential goods reaching the region. The danger remains that the economic deprivation will cause the collapse of the elected Kurdish administration and propel the Kurds into the hands of Saddam Hussein from a position of extreme weakness.

from Save the Children press release



JASPER YOUNG / PANOS

filed by the Nucleus for Indigenous Rights (NDI) against loggers operating in the Xikrim do Catete reserve in Pará and the Nambiquara reserve in Mato Grosso.

Resistance to the loggers remains a dangerous business. In April, Paulo Cesar Vinha, a biologist and environmental activist in Espírito Santo, was assassinated. He had been attempting to stop the Aracruz Celulose company from logging the forest and replacing it with eucalyptus plantations. In May, Arnaldo Delcidio Ferreira, leader of the Rural Workers Union of Eldorado, was finally murdered after surviving three previous attempts on his life.

More than half Brazil's mahogany exports go to the UK. In July environmental activists removed mahogany goods from a store in Norwich, UK, and handed them in to a local police station saying they had reason to believe they were stolen goods. The next largest importer is the US. Environmentalists in both countries are supporting a call from the Coalition Against Predatory Logging in the Amazon for an immediate end to mahogany extraction. The coalition includes more than 80 Brazilian groups.

Nitya Rolfe

For more information contact **Earth Action Resource Centre**, Box E, 111 Magdalen Road, Oxford OX4 1RQ, UK.

REFUGEES

Ordeal by exile

Tibetans refuse to lose hope

A BUMPY five-hour bus ride from Dharamsala, northern India, is a school for adult refugees in the small Tibetan settlement of Bir. Red-robed monks from the four monasteries in the area sweep down the street on Yamaha motorbikes to sip tea with local people. Many of the Tibetans living here are second or third generation Indian-born. But all the students at the school have arrived in the past six years.

Tashi is 21 years old and decided to come to India after hearing about the school when he was living in the Tibetan capital, Lhasa. He had agreed with Chinese officials to stay there for four years to be educated before returning to his village to teach. Prevented by the Chinese from learning about their language, culture and history, Tashi and his family had come to believe they were not Tibetan but Chinese.

After some time in Lhasa Tashi began to discover what the Chinese had done. He decided to head for India and an education. He had his money taken from him by border guards on arrival in Nepal, but he was able to beg enough to get him to Delhi and thence to Dharamsala. Three years on he has still received no reply to 20 letters sent to his parents in Tibet. Correspondence with friends in Lhasa leads him to suspect his family has been told of his 'disloyalty to the motherland' – China. He doubts whether they will ever learn the truth.

Phuntsok is now a healthy 17-year-old

boy, but during his escape into Nepal when he was just 13 he came close to death from severe malnutrition and frost-bite. He was found by a couple of tourists who took him to a hospital where the toes on both his feet were amputated. The tourists gave him money for the journey to Dharamsala. Now he is a keen games player, particularly of football.

Dorjee was involved in one of the many uprisings that occurred in Tibet in the late 1980s. During a demonstration Chinese police opened fire and Dorjee was hit in the shin. The bone was badly broken. Chinese doctors refused to treat him. Fleeing to India, Dorjee went again to hospital but the bone had set badly, requiring a costly operation – which he cannot afford – to put it right. The bone can still be seen protruding from his leg.

Most of the students at the school have undergone similar experiences. On the Tibetan-Nepalese border, guards take advantage of the refugees' illegal status to take money and personal belongings. Men are often beaten, women – including nuns – raped. Sometimes refugees are shot, or apprehended and handed over to the Chinese authorities.

'We don't hate the Chinese people. It is the government and their ideas that we hate,' said one of the students. Despite the ordeals that so many of them had to endure, they remain cheerful and optimistic. But the freedom of their country is always at the forefront of their minds. They bid farewell with a sincere 'See you in Free Tibet!'

Sally Gayford



SEAN SPRAGUE / PANOS

Fight to the finish?

Just over a year after the UN-monitored multi-party elections in Angola the dream of peace and democracy for the Angolan people has been bloodied. The losing party – Jonas Savimbi's Unita – has launched all-out war in order to overturn the results of the ballot box.

Over 100,000 people have died and three million have been displaced. UN estimates put casualties at 1,000 per day making this the worst war in the world today. Until recently the war has been largely forgotten by Western media and politicians, though the UN Security Council has slapped sanctions on arms and fuel supplies to the Unita rebels. Whether they will bite is another matter.

The West which backed Savimbi for years as an anticommunist African democrat has little leverage over him: he controls Angola's diamond deposits which could finance him indefinitely. Backed by oil revenues of \$3 billion a year, the government looks prepared to fight to the finish.

Contact: The Angola Emergency Campaign, c/o Anti-Apartheid Movement, 13 Mandela St., London NW1 0DW

Cold cash

What could be the world's largest prize – a cool \$30 million – has been won by Whirlpool, a company based in Michigan. A group of power companies offered the prize to the first company to build a prototype refrigerator that would use 25 per cent less electricity and no CFCs.

Whirlpool is not saying much about the design of its novel fridge, but its features include better insulation and a computer that controls defrosting.

The prize is to be collected piecemeal, though – about \$10 for each fridge sold once it reaches the market next year.

from New Scientist, No 1881.

END

END
Quote

'Religion is outraged when an outrage is perpetrated in its name.'

Mohandas Karamchand Gandhi



The thunderous Gothic passions of *The Piano*.



film

The Piano

directed by Jane Campion

Jane Campion's *The Piano* is one of the most striking films to have been made in many years. This may sound like hyperbole, but it is difficult to think of other recent films that can match its richness, whether emotionally or intellectually. Set in an isolated and densely forested corner of Aotearoa/New Zealand in the mid-nineteenth century, it is both a powerful essay and profound poem about the period, with conclusions that resonate boldly today. In interviews, Campion has talked about the influence of such writers as Emily Brontë and Emily Dickinson upon *The Piano*. Indeed the film has the visceral strength of their work and with its thunderous gothic style is a truer cinematic adaptation of their sensibility than, say, any of the movie versions of *Wuthering Heights*.

The story revolves around Ada (Holly Hunter), a young woman with a moon-pale face who has not uttered a word since the age of six. Instead she communicates through her piano, upon which she composes most stridently much to the consternation of those around her (Michael Nyman composed the film's rapturous score, but Hunter played the piano her-

self). She also 'speaks' through her small daughter, Flora, with whom she shares a secret sign language. The film commences as the two arrive in Aotearoa/New Zealand where it has been arranged for Ada to marry Stewart (Sam Neill), a landowner who is set on staking out his territory on sacred Maori ground.

Erupting with the most potent of passions, *The Piano* takes a tangled emotional situation and delicately unravels it. For Ada becomes involved with Baines (Harvey Keitel), Stewart's estate manager, after he buys her piano against her will. Indeed, it is Ada's strong will which burns through the film like a bright light that also threatens to singe. But *The Piano* is about so much more than the surfacing of a repressed female sexuality. Under less subtle direction it might have been just that. Campion explores the colonial moment when the white man mapped out the territory whether it be over the land of others, or women's bodies, but she invests Stewart with as much understanding as the other characters.

The force of *The Piano* is in its complexity of thought and feeling. Ada's music is described as a 'mood that passes through you'; in the same way the audience absorbs the film. Long after you've seen it, you'll find it lingering within, echoing still in the chambers of your heart and brain.

Politics ★★★★★
Entertainment ★★★★★



books

Masai Dreaming

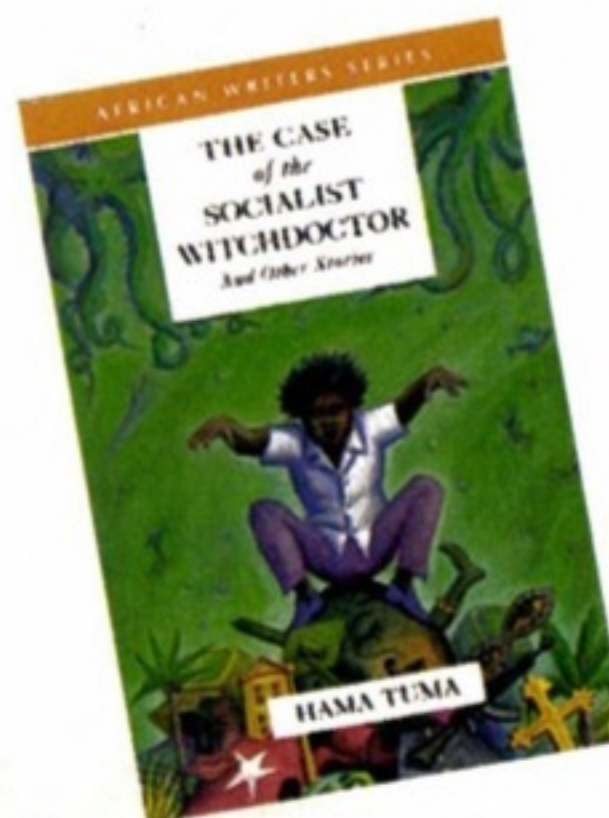
by Justin Cartwright

(Macmillan ISBN 0-333-59281-6)

The dust jacket is a warning – two elongated Masai heads drawn in pastels. The Masai in this novel are hardly more real. Colourful and decorative, they stream across picturesque plains in their blazing robes. The publisher's blurb is accurate: this book deals with 'the preoccupations of urban man [sic] highlighted against the startling backdrop of the African wilderness'. 'Backdrop' is what Masai country is reduced to and the 'preoccupations' are one white Londoner's thoughts on his lover's infidelity and clumsy juxtapositions of the Holocaust and the condition of the Masai.

The central character, Tim Curtiz, is in Africa writing a screenplay about a beautiful French anthropologist who worked with the Masai people and later was sent to an SS concentration camp. The idea of film is central to the novel: everything is visual, objectified and has the distance of a created image. The narrative can be ironic about everything in sight because the narrative itself is open to question. It's a shame really, as Justin Cartwright seems to have interesting things to say about relationships, cultural difference, and contemporary insincerity.

Politics ★★
Entertainment ★★



JUSTIN CARTWRIGHT
masai dreaming



The Case of the Socialist Witchdoctor and Other Stories

by Hama Tuma

(Heinemann ISBN 0-435-90590-2)

'Writers in Ethiopia are as rare as peace,' asserts Hama Tuma and that alone could be reason for welcoming his book. But there are others. The first half consists of satirical stories set in a court of law where such dangerous criminals as queue-breakers and incurable hedonists are tried.

Though the stories are short on plot they have a Swifteen bite: the writing is deceptively simple and admirably taut. The Ethiopia that is revealed in this collection is a land of paradoxes where everyday people must have an array of masks ready to counter the machinations of the militia. As case follows case in the courtroom, the most topsy-turvy arguments are followed to more and more bizarre conclusions. Yet the reader finds the overall picture getting increasingly clear.

Like all good satire the details are worked out for maximum effect, giving the stories a sense of inevitability. The narrator acts as a naive observer who, like the child noticing the Emperor's nakedness, reveals every discrepancy of an absurdly repressive state through what he says and what he leaves unsaid.

The excellence of the first half is not mirrored by the second which consists of sombre tales of a ravaged people suffering the dehumanisation of a brutal regime. Without the satirical sharpness of the earlier set, these stories seem melodramatic and somewhat contrived and have that whiff of worthiness that every writer of fiction must dread.

Politics ★★★★★
Entertainment ★★



music

The Spirit Cries: Music from the Rainforests of South America and the Caribbean

by Various Artists

(Rykodisc, RCD 10250)

Given the ubiquity of pop music and the modern-day rituals it throws up, it is easy to forget

that music possesses more than a ceremonial role. For millions of people, over thousands of years, it has had a power literally to call the world into being.

The Spirit Cries, the first in a series of recordings digitally remastered and produced by the Grateful Dead's Mickey Hart, belongs to this second category. Part of what Hart has called the 'Endangered Music Project', this is an astonishing album of nearly 30 songs and tunes all recorded in the rainforests and jungle clearings of South America and the Caribbean. The original recordings were made between 1949-1987 and lodged in the Library of Congress in the US. Hart has polished up the original sources - much of it recorded on the most basic equipment - to replicate the actual performances.

There are songs for the placation of ancestral spirits from Belize's Garifuna, an Aluku song from Surinam which protects against bullets and a Wayana women's cassava wine song from French Guyana. The hypnotic Kromanti rhythms of the Jamaican Maroons - descendants of escaped slaves who fought off British colonialists - are straight out of Africa.

Many of these songs have not been sung for years. Many more are threatened by the encroachment of evangelists and political forces. The continuity of the Andean Ashaninka culture faces a daily battle for survival against both Peruvian government-sponsored relocation programs and Shining Path terrorists.

It would be easy to detect an overriding melancholy in, for example, the graceful songs of the Garifuna or Shipibo. Such songs - the product of isolated communities - occupy a difficult position in a modern world which seeks to homogenize global culture. Yet the methods by which the heritage of these peoples can be preserved are not without tension: the dangers of exploitation and cultural voyeurism are always present.

This album is undoubtedly an archive, but not an exploitative one. The proceeds of sales will be ploughed back into the communities and performers, to ensure a living archive. We can only guess at how the next generation of songs from the rainforest might evolve.

Politics ★★★★★
Entertainment ★★★★★

STAR RATING

Excellent ★★★★★
Very good ★★★★★
Good ★★★★★
Fair ★★★★★
Poor ★★★★★

Reviews editor: Vanessa Baird

Victor Jara

... being the singer and songwriter who resonated justice, passion and political commitment.

*Victor Jara of Chile
He lived like a shooting star
He fought for the people of Chile
With his songs and his guitar*

by Adrian Mitchell

TWENTY years ago a military coup, led by General Augusto Pinochet and supported and funded by the CIA, overthrew the democratically elected government of Salvador Allende. A savage wave of bloodletting ensued as the Chilean military tortured and murdered socialists, communists, trade unionists and artists.

Among those rounded up in the Santiago Stadium was the singer and songwriter Victor Jara, a staunch Allende supporter and thorn in the side of the political Right. He was recognized and taken aside for 'special treatment'. Beaten, taunted, mocked, he was forced to sing for his captors, tortured for two days, then shot.

In the brief three years of Allende's Popular Unity government, Victor Jara had championed Chilean culture and music. Together with Violeta Parra and the groups Inti-Illimani and Quilapayun he stood against the tide of trite coca-cola culture imported from the US. Just as Allende was attempting to prove that there was a 'Chilean road' to socialism and justice, the artists and musicians of the Chilean New Song Movement were working to develop a sense of their own culture.

In 1983 Victor's widow, Joan, wrote a moving and impassioned book, *Victor, an Unfinished Song*, in which she tells of their life together and explores the roots from which his commitment grew. Growing up on the estates of the powerful Ruiz-Tagle family, Victor experienced first-hand the feudal nature of Chilean society, supporting a pampered and entrenched oligarchy. With his father absent or violent, his mother was forced by poverty to move the family to a Santiago barrio where she slaved to keep her family fed and out of street gangs. Following his mother's death, Victor considered becoming a priest but studied and practised drama and folk culture instead, becoming a central figure in the informal circles where people gathered to sing, eat, and talk politics.

The New Song Movement was not just an arty metropolitan group. They took their music to factories, copper mines and isolated villages. And in his songs Victor did not resort to slogans and hectoring but wrote about real people such

as the street girl who died in the district where he grew up (*Who killed Carmencita?*). He saw it as his business to support the struggles of ordinary people by telling the truth about their lives in song. 'My guitar is a worker,' as he said in the song *Manifesto*. And he enraged the Right with the pointed satire of songs such as *Ni chicha ni limona* (roughly 'Neither one thing nor the other') and *El Derecho de Vivir en Paz* ('The right to live in peace'). The album *Manifesto*, compiled from tapes smuggled out of Chile, is perhaps the best introduction to Victor's songs, covering his solo work as well as material recorded with other members of the New Song Movement and including introductions and translations by Joan Jara.

I remember how, as a teenager, I was inspired by the progress of the Chilean people and shocked by the brutality of their suppression. I believe that a brief flowering of freedom in Chile two decades ago and the life of this singer-songwriter have an importance increased rather than diminished by time. With a new and fragile democratic government in Chile, but with the military still powerful and waiting in the shadows, it's appropriate to remember and celebrate Victor Jara's life and work.

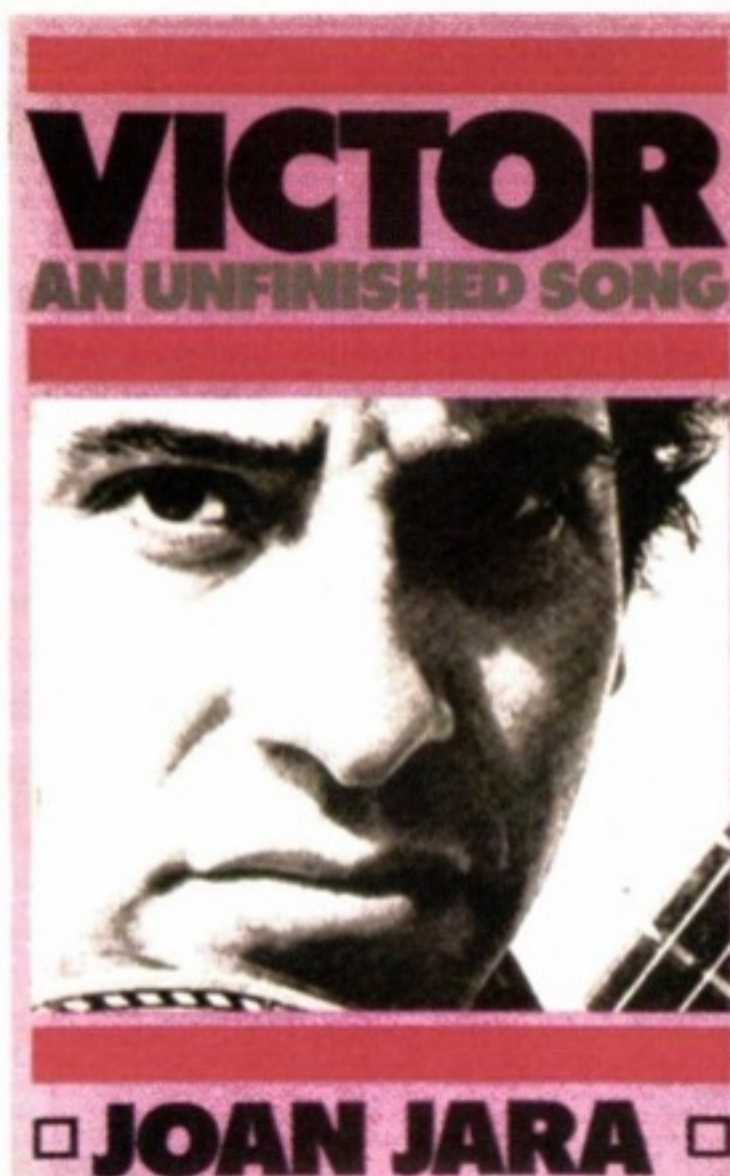
We live in cynical, diminished times, our dreams and aspirations deformed by the fallout from the collapse of communism and the abject failure of the capitalist 'New World Order'. Victor Jara is important not only because he attempted an alternative to the pasteurized 'world culture' nor because he tackled the might of the US in what the superpower regarded as its own backyard. The continuing relevance of Victor Jara lies in the message that for the people to rise from serfdom, be it material or cultural, two qualities are necessary - hope, and a sense of the value of your own identity. In his last poem, smuggled on a scrap of paper out of Santiago Stadium hours before his murder, Victor is still raising his voice for justice and understanding:

*How hard it is to sing
when I must sing of horror
Horror in which I am living
horror in which I am dying
To see myself among so much
and so many moments of infinity
in which silence and screams
are the end of my song
What I see, I have never seen
What I have felt and what I feel
will give birth to the moment...*

Peter Whittaker

An Unfinished Song by Joan Jara (Jonathan Cape, 1983) and *Manifesto* by Victor Jara (Conifer Records, 1986).

THE classic





QUESTIONS

...that have always intrigued you about the world will appear in this, your section, and be answered by other readers. Please address your answers and questions to 'Curiosities'.

Why are storks associated with childbirth?

● The connection was first observed in medieval Europe, when it was noted that storks tended to nest on the roofs of buildings where there were young children or pregnant women.

Storks prefer high, warm roofs of elaborate configuration, usually found on the large houses of wealthy folk. Such houses frequently contained extended families with many servants, including women of child-bearing age. So, there could well be a statistical relationship between storks and childbirth!

Ken Murray
Retford, UK

A number of years ago I heard of an Israeli team researching the promotion of camel's milk to combat malnutrition. Does anyone know what happened to this idea?

● Camel's milk is actually the most healthy milk – healthier than human milk – because it is lower in fat and so stays fresh longer. Just 40 litres of camel milk will provide enough nourishment for 100 children a day. In arid areas this is clearly better than relying on food aid.

A project with 25 camels is under-way among the Bedouin, set up by world expert on camel physiology Professor Reuven Yagel of Ben-Gurion University of Negev, Israel. So

far he has managed to increase camel milk yield many times by adapting techniques used to increase cattle milk yield. This involves hormone treatment to produce multi-ovulation, followed by transplant of the eight or



Stating the case for healthy camel's milk.

ten extra ovum into surrogate camel mothers.

In response to calls for help in animal husbandry there are now plans to establish a Desert Animal Centre in Eritrea, for sheep and goats as well as camels. We hope to be raising funds for this through Comic Relief.

Professor T Scarlett Epstein,
Honorary Director of UK Jewish Aid
Hove, UK

Is cannibalism a racist myth?

The question is not what some people eat, but what others will swallow. In the era of colonization 'they are cannibals' could usually be translated as 'we want their land'. The insatiable appetite for stories about 'primitive' people inspires some anthropologists to sustain the myths.

They survive in Australia today, resistant to challenge and underpinning attitudes of hostility and superiority towards Aboriginal people. I would be happy to provide details regarding the myth in Australia and would welcome examples of its manifestations.

Richard Buchhorn
PO Box 3230, South Brisbane
Queensland 4101, Australia

AWAITING YOUR ANSWERS

I have a vague recollection that it is possible to get a 'covenant' cheque book, which can only be used for gifts to charities and allows a full tax reclaim by the receiving charity. Can anyone tell me more?

Graeme Law
Stirling, Scotland, UK

I've read that men have periodical physical cycles, though without the visible symptoms of female cycles. Can anyone tell me more, recommend any books or articles on the subject, or suggest how I might be able to calculate my cycle?

Dinyar Godrej
Oxford, UK

What is the correct name for the aboriginal people of North America? At a recent conference on forest peoples I heard an objection to the use of the term 'Native American' from an aboriginal American who preferred to describe himself as 'Indian'.

I Crowston
Edmonton, Canada

The phrase 'the enemy within' was used by Margaret Thatcher to describe the miners during the British miners' strike on the mid-1980s. Was this phrase originated by Margaret Thatcher? If not, who was the first to use it?

Geoff Toman and Maria Loewendahl
Oxford, UK

Which country or region of the world has been the most peaceful – free from both internal strife and involvement in external strife – during the past two centuries?

Diana Gibson
Ross-on-Wye, UK

If you have any questions or answers please send them to Curiosities, New Internationalist, 55 Rectory Road, Oxford OX4 1BW, UK, or to your local NI office (see inside front cover for addresses).



YOU TOO CAN
TEACH YOURSELF
TUNNEL VISION™

TIRED OF ALL THAT TEDIOUS AGONIZING OVER THE STATE OF THE WORLD? ARE THOSE NAGGING PANGS OF CARING DRIVING YOU TO DESPAIR?
...WE HAVE THE ANSWER!!

SIMPLY TAPE TOGETHER TWO OR MORE 'SILKYSOFT'™ TOILET ROLL INNERS, AND HOLD THE RESULTING TUBE TO ONE EYE, CLOSING THE OTHER.

RELAX AND FOCUS YOUR VIEW ONTO THE CENTRAL IMAGE, WHILST REPEATING THE FOLLOWING SIMPLE MANTRA →
"...NOT MY PROBLEM NOT MY PROBLEM NOT MY PROBLEM..."
— NOW GO OUT AND BUY SOMETHING —



The place where I live and what I am

*Five years an activist with Greenpeace, sailing their ships around the world, Chilean writer **Luis Sepúlveda** is now part of a new wave of Latin American fiction that leaves magic realism behind and tackles fresh ground between politics, ecology and story-telling. David Ransom talked to him in London.*

CHILEANS discovered during the years of dictatorship that something had changed their lives. It wasn't only the misery, the dictatorship, the terror. It was the climate. Chile is one of the main victims of the hole in the ozone layer. Across a large swathe of Chilean territory, in Patagonia and Tierra del Fuego, most of the animals are now blind. You have to go out with sun glasses during the day because of the intensity of ultraviolet light. All the southern forests between Santiago and Puerto Montt – that's 1,000 kilometres – were disappearing. The Japanese had taken the wood for the paper industry. The desert was growing and Chileans wondered why. The Left had no answer. They just said: "First we must take power, and then we'll do this, that or the other". But many people demanded an answer.

I belong to a generation of Latin Americans that has suffered many political reverses and so has had to mature a little, to reach some new understanding. We never wanted to admit there was a problem with the environment, even though it was there in front of our eyes. We thought dogmatically, with a fundamentalist interpretation of Marxism, which prevented us from seeing anything else.

Then we came to know the experience of exile. We had the chance to visit the socialist countries and to discover that they were a complete farce, a cockup from beginning to end. The first thing you noticed was the terrible, incredible degradation of the environment – East Germany, Czechoslovakia, even Cuba, all the same.

This made me think. I became preoccupied with what I call the recovery of ecological dignity. I began to say: "I seek, as a citizen of any country, Colombia, Chile or Peru, to establish at least a minimal harmony between the place where I live and what I am".

Now in countries like Argentina, Uruguay and Chile ecological movements are small but strong. Until the 1970s we remained completely ignorant of indigenous peoples. We assumed that the entire continent spoke Spanish. To the north was the United States, and in between... well there were a few Indians, but they didn't matter. We didn't have the faintest idea that the majority of the people of Latin America are indigenous peoples. They couldn't associate with "communism" because they lived it already, practised it every day. A view through the lens of ecology transformed our way of seeing the world.

But my books do not carry an ecological "message". My preoccupations are literary. Here I speak not just for myself but for a current of new Latin American writers. We feel that readers

around the world have become a bit tired of the so-called magic realist "boom" (with Gabriel García Márquez at its head) and its offspring. There's a new generation of writers who curiously enough all began to write very young, then abandoned writing in the 1970s because of political repression, prison, exile. We took up writing again in the 1980s and began to publish towards the end of the decade. We're now read quite widely in Latin America and almost every European country.

We're not a "tendency". We just found we were writing about much the same things. We started to tell stories that revive a particularly American tradition that comes through Faulkner and Hemingway. It is, above all, the well-told, interesting and short story that matters to us. Nearly all our books are short, between 120 and 200 pages long. And we've stopped selling that familiar "Exotic Continent". We want readers to discover that there's more to Latin America than *papaya y salsa*.

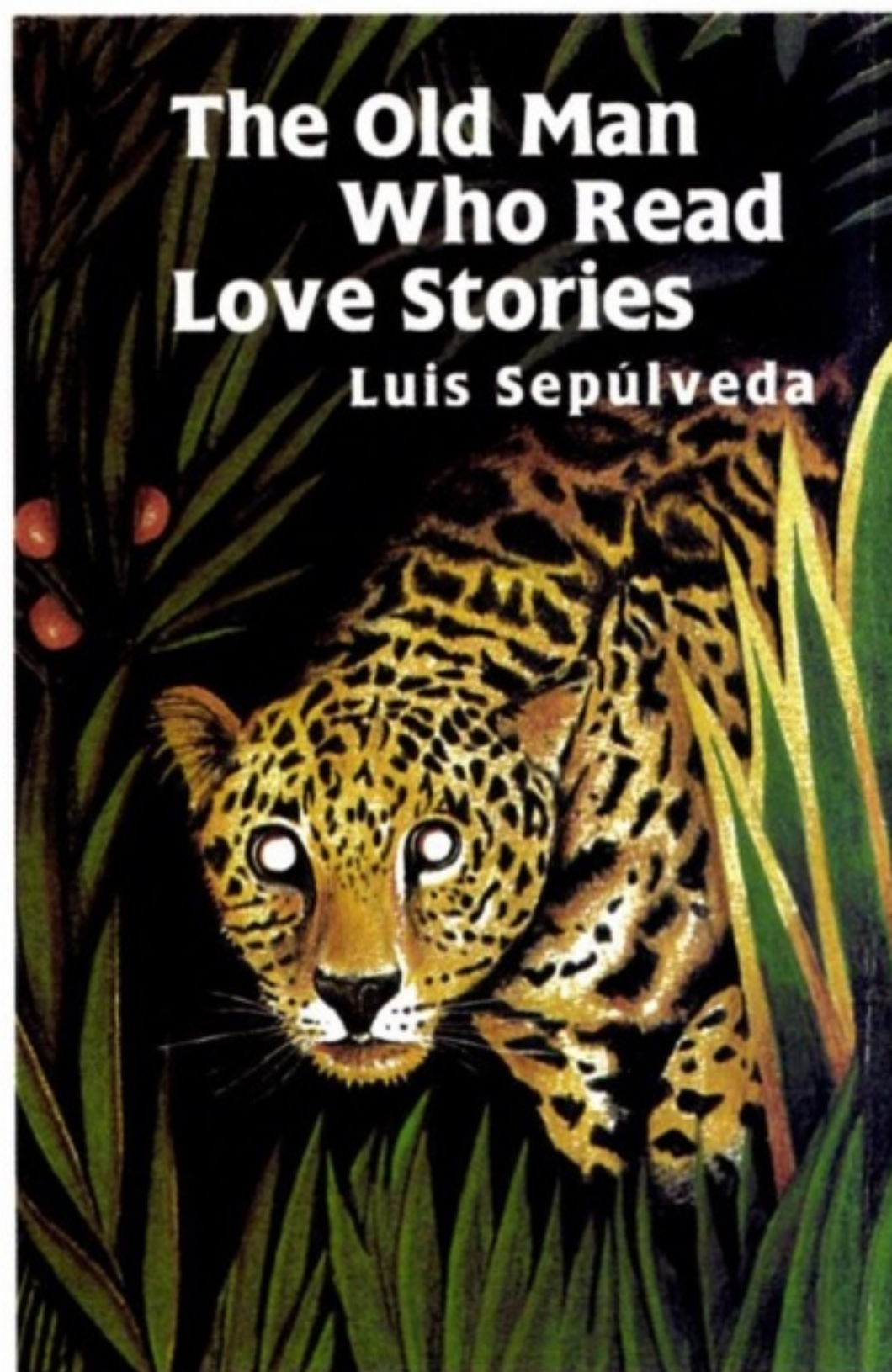
Magic realism fabricates an exotic world that doesn't exist. We try to tell stories in which magic and reality become part one of the other. We write not just about things we understand, but about what we know. Our aim is to write stories, very much like Hemingway, that are plausible without being "realist". We try not to fall back on that easy option, the baroque, which you can fill up with just about anything. It sounds very pretty, but it's done a great deal of damage to Latin American literature.

*The old man** condenses many personal experiences, but it's fiction, not autobiography. I spent seven months in the Amazon rainforest. All the anthropological or scientific details are strictly correct. I wanted to show that the forest is not a paradise, but a cruel, hard, violent world – and has to be so.

The story is not some kind of display by an author who wants to show that he can play like a magician with language, reality and situations. It is an invitation to get to know an unknown world through the world of the imagination. Something similar is suggested by all the new generation of Latin American writers.

There is an old house in Quito where you pay a few pennies to sit on tiny wooden stools and listen to old people telling stories. I used to go there quite often. There was one time – I could hardly believe it as I heard it – when one of the stories began: 'Once upon a time there was a prince...' It was Hamlet! They were telling the story of Hamlet, correct in every respect, in their own words. Where did they know it from? Like the environment, stories have no national boundaries.

Luis Sepúlveda's work includes *The old man who read love stories** (Souvenir Press, 1992). He recently moved to Paris.



Guatemala

BEAUTY and horror are never far apart in Guatemala. Tourists marvel at the exquisite, volcano-fringed Lake Atitlan. Indian residents of the lakeside town of Santiago have endured decades of army brutality.

Divided into 21 different language groups, for 500 years Guatemala's majority Indian population (descendants of the Mayan civilization) has successfully struggled to retain its languages and traditions. Today the highlands to the north and west of Guatemala City remain an extraordinary human mosaic; for foreigners the Indians have become a 'tourist attraction'.

While many have protected their cultural identity, Guatemala's Indians constitute an impoverished underclass. Poor peasants are crammed into disease-ridden shanty towns, scraping a living from minute, overworked fields or as low-paid labourers on coffee plantations. Indians die younger, lose twice as many babies, have less chance of a decent job and eat less than the white minority.

Since the early 1980s they have borne the brunt of a 'dirty war', as one of the region's most



Indian leader Rigoberta Menchu received the Nobel Peace Prize, a recognition both of the Indians' 500 years of resistance and the heroic efforts of human rights campaigners such as Rigoberta to end the military's use of assassination, torture and 'disappearance'.

After continued bloodshed, the military staged a careful withdrawal from the Presidency, leading to elections for a civilian president in 1985. However they still retain enormous influence on the President, exerting a virtual right of veto over key issues such as peace talks with guerillas. In May an attempted suspension of much of the constitution was overturned when it ran into resistance from civil society. The reinstated parliament elected a new president, Ramiro de León Carpio, formerly a human rights ombudsman. Some corrupt officials have been sacked but his room for manoeuvre is limited and abuse of Indians and the war with guerillas continue.

In a country heavily dependent on agriculture, virtually all the best land remains in the hands of a few spectacularly opulent families.

merciless armies launched wholesale attacks against small guerilla organizations and other signs of political opposition in the shape of trade unions, peasant groups and radical Catholics. Around 400 Indian villages were destroyed and entire communities massacred or forced into

exile or herded into 'model villages' where the men are dragged into army-supervised Civil Defence Patrols. In total, an estimated 100,000 people have been killed since a US-backed coup toppled a reforming government in 1954.

Last December Guatemalan

Duncan Green

AT A glance

Excellent ★★★★★
Good ★★★★
Fair ★★★
Poor ★★
Appalling ★



INCOME DISTRIBUTION ★
One of the worst in Latin America.

1980 ★



SELF-RELIANCE ★★★
By Latin American standards debt is low. Heavy dependence on US trade.

1980 ★★



POSITION OF WOMEN ★★
Few women in positions of power. Machismo worse among ladino elite than indigenous population.

1980 ★★★



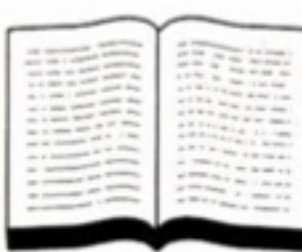
POLITICS

50 years of military-dominated governments.

LEFT RIGHT



1980



LITERACY ★★

Lowest in rural areas, especially among women and Indian population.

1980 ★★



FREEDOM ★

Genocidal policies since 1954. 100,000 killed.

1980 ★



LIFE EXPECTANCY ★★★

65 years (US 76 years) Lower in rural areas, and among indigenous population.

1980 ★★

Leader President Ramiro de León Carpio
Economy GNP per capita US\$900 (US \$21,790)
Monetary unit: Quetzal
Main Exports: coffee, bananas, sugar, cardamom, cotton
Main Imports: machinery, consumer goods, oil
People 9.5 million (1991)
Health Infant mortality 52 per 1,000 live births (US 9 per 1,000).
Culture About 70% of people are indigenous Mayan Indians. The main groups are Quich, Mame, Cakchiquele, Ekechie, Tzutuhile. The remainder are largely ladino (mixed race). Middle and upper classes claim European origin.
Religion: 65% Catholic but Guatemala is home to Latin America's fastest growing community of evangelical Protestants, who currently number around a third of the population. Some pre-colonial rites have also survived.
Language: Spanish is the official language, but many Indians speak one or more of 21 different indigenous language groups.

Sources. State of the World's Children, UNICEF, 1993; 1993/4 Third World Guide, ITeM, Uruguay; Statistical Yearbook for Latin America and the Caribbean, United Nations Economic Commission for Latin America and the Caribbean, 1991; Guatemala Country Report No3, Economist Intelligence Unit, 1989.

Last profiled in September 1980



THE KINGSWOOD THIRD WORLD FUND



For: • Investment • Pensions • Mortgages • Life Assurance

Did you know that you can invest in the poor of the Third World with little risk? The Kingswood Third World Fund is a unique means of channelling your money to the areas of greatest need in a safe and potentially profitable manner. All investments are vetted by

John Fleetwood:

- A member of the World Development Movement • An Oxfam Campaigns Activist • Independent Financial Advisor with

KINGSWOOD CONSULTANTS

Founding member of the UK Social Investments Forum

Please return this advert with your name, address & telephone no. for more details

FREEPOST 68 Sheep Street, Bicester Oxon. OX6 7BR

Tel: Bicester (0869) 252545 & York (0904) 646965

Statutory warning: The value of an investment can fall as well as rise.
Fimbra Statutory notice: Fimbra does not regulate mortgages.

NI AWAY

HELP HUMANITY!



- Benefit maternal health in Africa
- Participate in Himalayan village life
- Serve as apprentice to the Chamacoco
- Study the health of Mongolian herders
- Administer to island dwellers of Roatan

Enjoy a fortnight assisting with health care in Africa, or collecting data on all aspects of Khas life. You may like to learn resource management in Paraguay, or determine disease prevalence amongst Mongolian herds. Studies are also needed of the Bay Islanders of Honduras. Join us now on this, or other projects. Two weeks is all you need; no special skills are required.

Earthwatch is the world's largest charitable organisation matching paying volunteers with scientists who need help on their research and conservation projects. Membership of Earthwatch gives you exclusive access to over 400 teams in 50 countries. Our colour magazine and Project Briefings update you with the latest news and discoveries, plus invitations to meet the scientists and members who make them. Join whether you are 17 or 70+.

*Call us now or write (enclosing stamp) for your
INFORMATION PACK*

GIVE TWO WEEKS TO SAVE THE EARTH

EARTHWATCH

AN ADVENTURE YOU CAN FEEL PROUD OF

Belsyre Court/NI 57 Woodstock Road Oxford OX2 6HU

Tel: 0865 516366 Fax: 0865 311383

Charity Number 327017

Vinceremos

ORGANIC WINES 'Magnificent midi'

A tastier case of delicious wines from southern France, six reds, five whites and a rosé. **£47.95**



MOROCCAN WINE 'Rabbi Jacob'

This year's big success and a MEDAL WINNER at the 93 International Wine Challenge, a big, rich red with a warm, fruity style. And it's certified kosher too! **£43.80/case of 12.**



ZIMBABWEAN WINES from Mukuyu Winery

From the heartlands of Zimbabwe, two quality wines – Marondera Bin 16, a crisp and refreshing dry white and Mukuyu Gallery Flirt, a soft, fruity medium rosé. **£47.88/case of 12** (mixed as you wish).



CUBAN AND NICARAGUAN RUMS

The best rums in the world, Cuban Havana Club, Nicaraguan Flor de Caña – both countries producing light, dry White rum, mellow, smooth Gold, and rich, dark Extra Aged 7 years. Flor de Caña **£11.50/bottle.** Havana Club **£12.50/bottle.**

ALSO . . . ORGANIC WINES FROM NEW ZEALAND, ITALY, HUNGARY, GERMANY. WINES OF THE WORLD FROM LEBANON, INDIA, UKRAINE, CZECH REPUBLIC. PLAIN AND FLAVOURED VODKAS FROM THE C.I.S. TRADITIONAL HEREFORDSHIRE CIDERS, STRONG LAGERS FROM GERMANY, CZECH REPUBLIC AND BRAZIL AND MORE. . .

RAPID NATIONWIDE HOME DELIVERY IN GOOD TIME FOR CHRISTMAS

For details of full range of Wines, Beers and Spirits, ring for our 1993 MAIL ORDER CATALOGUE.

Vinceremos Wines & Spirits Ltd

65 Raglan Road, Leeds LS2 9DZ

Tel: (0532) 431691. Fax: (0532) 431693

THE YEAR OFF HANDBOOK

Just Published ... **THE YEAR OFF HANDBOOK** ... tells you how to get out of recession-hit Britain and spend up to a year travelling the world – **AND GET PAID FOR IT!**

HOW WOULD YOU LIKE TO: Work as ground crew with Hot-Air Balloons in America, France or Switzerland? Ranch-hand in Australia? Spend the summer crewing on a yacht in the Mediterranean or Caribbean? Find well-paid jobs in Hong Kong or Singapore? Work in a New Zealand ski-resort this summer – or in the Alps next winter? Help build schools & clinics in Botswana? Wildlife Conservation in Namibia? White-Water Rafting in Zimbabwe? Scuba-Diving in Malaysia? Or join expeditions in South America, Africa or Mongolia? Easter on a Kibbutz in Israel? Spend the summer on a travelling fair in the USA? Work with kids at an American summer camp? And Much, Much More ... all in **THE YEAR OFF HANDBOOK** ... never previously published.

Publisher's Note – Roger Jackson, the author of this detailed publication, has spent the last 8 years actually doing all of these things. Now he has written this guide showing how anyone 16-40 years old can enjoy similar experiences. **And enhance your CV & job prospects when you return. Order now – you won't regret it!**

For your copy of **THE YEAR OFF HANDBOOK** send cheque/PO for £9.95 (includes P&P) to: **Sabre Publishing Ltd, Sabre House, 129 Mercers Road, London N19 4PX.**

Or telephone 0245 - 226 800 (24 hrs) for credit card or debit card orders. All orders are dispatched immediately by **First Class Mail** from our London distribution centre.



INVEST FOR A BETTER WORLD AND BENEFIT THE ENVIRONMENT

Ethical Investors Group provide advice exclusively on ethical and green investment and we are the leading independent financial advisers in this field. We distribute **at least 50%** of our own profits to charities and campaigning groups chosen by our clients. We offer countrywide advice on:

- Personal Pensions – Additional Voluntary Contributions –
- Pension Transfers – Life Assurance – Regular Savings –
- Mortgage Endowments – Lump Sum Investment –

For dedicated, independent financial advice contact:



Lee Coates A.C.I.I.

ETHICAL INVESTORS GROUP (12N)

16 Carisbrooke Drive, Cheltenham. GL52 6YA

Tel: (0242) 522872 – SOUTH / (0742) 303115 – NORTH

(Please note that the value of an investment can fall as well as rise.)



DON'T WASTE MONEY ON AIR FARES!

**CALL NOW FOR OUR
EXCLUSIVE AIR FARES
TO ALL DESTINATIONS
★ WORLDWIDE ★**

KEY TRAVEL

**92 - 96 EVERS HOLT STREET
LONDON NW1 1BP**

Telephone: 071 387 4933

Fax: 071 387 1090

ABTA

IATA



GLOBAL PARTNERSHIP '93



A World fair for a fair World.

CLEAR a space in you diary for the first weekend in December, remember that Christmas is just around the corner and invest in a day trip to Olympia and A World Fair for a Fair World.

Savour the bustling Christmas Market, choc-a-bloc with wonderful gifts. Experience the carnival atmosphere of the live music and celebrate the culture of the Third World. Investigate the work of the voluntary agencies and just what they are doing with your support. You could also see a film or join one of the many discussions on international development issues.

There will be over 200 exhibitors and fair traders including: Action Aid, Amnesty, Friends of the Earth, OXFAM, Greenpeace, VSO, War on Want and WWF.

Friday 3 December 11 am – 7 pm
Saturday 4 December 11 am – 7 pm
Sunday 5 December 11 am – 5 pm

Admission **£4.00**. Concessionary rate **£2.00**

The full programme will be printed in TIME OUT magazine on 30 November.

Friday is Schools Day. You are welcome to bring a schools party; there is a programme designed for pupils and Sixth Form Conference. Write to us for details.

SPONSORS

 **THE INDEPENDENT**



For more information please send a SAE to GLOBAL PARTNERSHIP '93, PO Box 1001, London SE24 9NL.

GLOBAL PARTNERSHIP '93 is organised by the Trust for Education and Development, a registered charity. It is a non-profit event aimed at widening the understanding of global issues among the people of the UK.

Patrons: Chinua Achebe, Baroness Flather, Simon Hughes, Lord Judd, John Tusa.



Make a date with the
New
Internationalist at
**A World
Fair for a
Fair World**

HAVE A GREAT DAY OUT!

**Live
at
Olympia!**

Friday 3 December
Saturday 4 December
Sunday 5 December

New Internationalist sponsorship

We think this annual event is one of the most important in our calendar. With nearly all the environmental, human rights, fair trading organisations represented, this Fair is a major forum for people concerned with Third World Justice. And it's enjoyable too. We look forward to seeing you there.

As one of the sponsors of this event we will be having a large stall and exhibition area. Members of the NI team will be selling a range of our publications – like the **1994 Third World Calendar**, the **1994 Almanac** and the new **World in your Kitchen** cook book, other publications and a range of our most popular T-shirts. It is always fun for us to meet and talk with **New Internationalist** readers and we would be delighted to hear your views on the magazine and what we can do to improve it. We also have end-of-range T-shirts and other items that we are clearing at below cost. The World Fair for a Fairer World is an ideal opportunity to browse through the bargains and do your Christmas shopping.

Yet the New Internationalist is only a small part of big event – there will be over 200 exhibitors and stalls. Besides the bustling market there is live music and dance, with several acts every day, conferences, talks, stone art and children's events. To keep you going there will be a variety of mouth-watering snacks and meals. The bar will be open all day.


How to get there:
take the London
Underground District
Line to Kensington
(Olympia) and
Olympia is a short
walk – follow the
signposts.

- * Buy some lovely NI publications and garments for Christmas.
- * Meet some of the New Internationalist team.
- * Give us your feedback on the magazine.
- * Snap up end-of-range bargains.



coming next **MONTH**



MEXICO

A 'Tortilla Curtain' is going up on the border between Mexico and the US as the trade barriers come down. It's not a border between two different countries but between two different worlds, North and South. As Mexico prepares to join the US and Canada in a North American Free Trade Agreement the **NI** takes you inside the country to find out how Mexicans feel about what's going on.

- **Maquila sunrise** – the megastars of multinational manufacturing feed at the trough of cheap labour in the 'off-shore' desert of northern Mexico.
- **The spirit of the Huichol** – how a group of indigenous peoples keeps a sceptical eye on the outside world.
- **Superbowl city** – Mexico City is out of control; there's a game going on but no-one can bare to watch.
- **RIP the PRI?** – what it means for democracy when an 'institutional revolutionary party' turns 'social liberal'.
- **A parable in your cup of coffee** – what rural Mexicans can do with a bit of fair trading.

SUBSCRIBE TO

PANOS
WorldAIDS

TO KEEP INFORMED ON THE GLOBAL
AIDS SITUATION

WorldAIDS is a unique bimonthly news magazine reporting on the global impact of HIV/AIDS. Read by over 40,000 health professionals, policymakers, journalists and AIDS workers around the world, *WorldAIDS* is at the cutting edge of AIDS news and covers emerging issues in the AIDS pandemic.

SEND NOW FOR YOUR FREE INTRODUCTORY ISSUE

Write to Panos Books, 9 White Lion Street, London N1 9PD, UK.

Please quote reference WA/NI93

Annual subscription: £15/\$25

Wise before their time

People with AIDS and HIV talk about their lives.

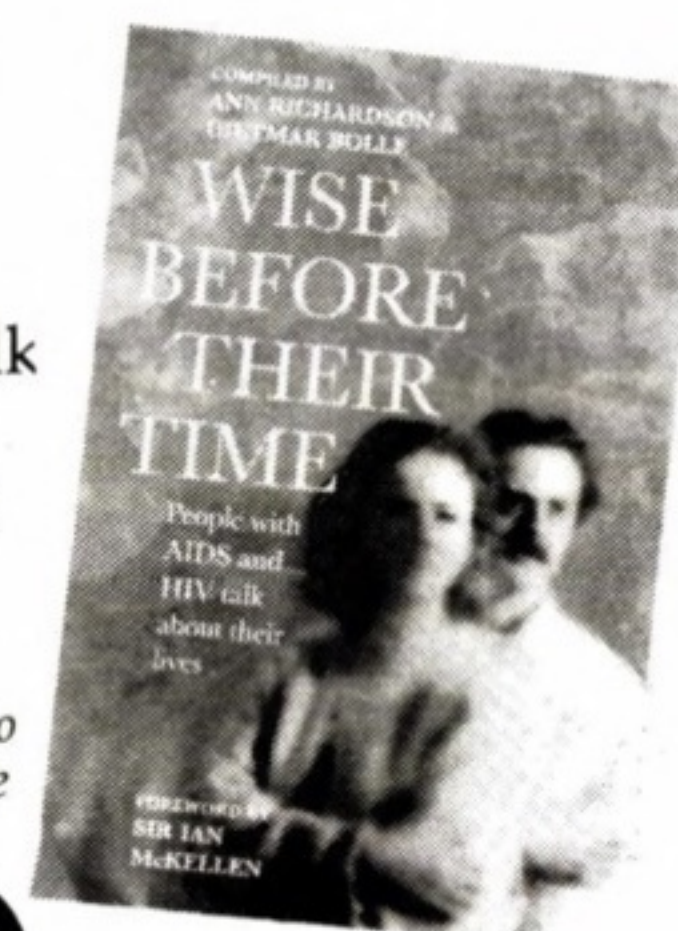
Compiled by Ann Richardson
& Dietmar Bolle

'This collection of true stories is as powerful as any classic fiction. Everyone who reads this book will come face to face with the greatest challenge of our age.'

SIR IAN McKELLEN



HarperCollins Publishers



£4.99



'I see the Past, Present, and Future existing all at once' William Blake

Blake's vision is one shared by **HISTORY TODAY**.

As Britain's leading monthly history magazine we highlight the links between past and present with lively and authoritative articles, historical background to current affairs and latest news from the history world.

Every month **HISTORY TODAY** brings insights into the people, places and events of the past, from all periods of world history.

In each richly illustrated issue you will discover eye-opening accounts and fresh historical interpretations; generously enhanced with rare paintings and photographs, many in full colour – uniting serious history with a measure of high entertainment.

SPECIAL INTRODUCTORY OFFER –

New subscribers, save over 20% on the regular rate – and receive a free annual index (with the March 1994 issue). PLUS, you will also be sent a copy of our special issue commemorating the 500th anniversary of Henry VIII's birth.

HISTORY TODAY

Future Features

- Western encounters with Japan
- The Myth of the American Frontier
- Democracy from Ancient Greece to Eastern Europe today
- Secrets from the KGB Archives
- Prostitution in 18th century London
- Religion and the Aztecs of Mexico

YES, I would like to become a new History Today subscriber (12 issues) at a substantially reduced rate and I enclose my cheque/money order, payable to History Today.

Rates: UK £22; Europe £31; Rest of World £34 (Airmail £44) – send to History Today, 20 Old Compton Street, London W1V 5PE, England. **Airspeeded** USA \$39.95; Canada \$54.95 – send to History Today, Mail America, 2323 Randolph Avenue, NJ 07001, USA.

Name

Address

Post Code NI

UK advertisers: £1.25 per word plus VAT. Minimum order 30 words - £37.50 plus VAT. Discount on three or more advertisements subject to negotiation. Copy date: seven weeks in advance of cover date, e.g. 8th April for June issue. Classified advertisements should be prepaid, cheques payable to New Internationalist Publications Ltd., 55 Rectory Road, Oxford OX4 1BW, UK.

North American advertisers: \$2.50 per word. Minimum order 30 words - \$75. Please contact Ian McKelvie at Box 506, Osgoode, Ontario KOA 2W0. Tel/Fax: (613) 826-1003.

SERVAS suggests that you may foster international peace by becoming a traveller and/or host in its worldwide network of international hospitality and friendship. Please send a stamp. *North America and Canada: US Service Committee NI, 11 John Street, Room 706, New York, NY 10038. Australia: Servas Australia NI, 16 Cavill Court, Vermont South, Vic. 3133. Rest of the world: Servas International NI, PO Box 1035 Edinburgh EH3 9JQ, UK.*

SAY NO TO ALL WAR. Join the Anglican Communion's movement for peace. Write: *Anglican Pacifist Fellowship, Walters Farmhouse, Brenchley, Tonbridge, Kent TN12 7NU, UK. Tel: (0666) 825249.*

Ideal Internationalism

Ideally the whole world would be at peace. Instead of aggressive competition we would be enjoying friendly cooperation. Instead of the isolationism of self-interest, personally and nationally, we could have free-flowing association as between ourselves, our groups and our nations, with all that that implies. To realize these ideals should we not examine what prevents them: selfishness in all its forms, fear, bigotry, lack of generosity and above all almost total lack of appreciation of the importance of the spiritual nature of man. Spiritually and essentially all men really are brothers. Surely we ought seriously to try to realize that ideal.

For more information write to -

The Blavatsky Trust, (N3)
Avalon, Little Weston, Yeovil,
Somerset BA22 7HP.

New Zealand: A.P.F., 4 Roland Hill, Glen Eden, Auckland 7.
USA: Episcopal Peace Fellowship, 620 G Street SE, Washington DC 20003.

WORLD GOODWILL

Together all people of goodwill are building the New Humanity. Free quarterly newsletter on New World Order, Africa, UN, Global Spirituality, Development. Papers on meditation, Ageless Wisdom etc. *World Goodwill, 3 Whitehall Court, London SW1A 2EF, UK.*

NATURAL FRIENDS is a unique friendship/contact agency. If you seek other sincere people who share your important concerns, you can find success by joining our very large, nationwide membership. For full details, please send a stamp to *Natural Friends (NI), 15 Benyon Gardens, Culford, Suffolk, IP28 6EA, UK. Tel: 0284-728315 (anytime).*

RURAL COMMUNITY IN SUFFOLK requires new members to help farm 60 acres organically. Live in former friary. Units available from £10,000 to £60,000. *Old Hall, East Bergholt, Colchester CO7 6TG.*

SENDING PERSONAL EFFECTS, BAGGAGE, FREIGHT ABROAD? Contact the specialists. *Express Export Services Ltd., 143 Wardour Street, London W1, UK on 071-734 8356/7/8. Collections from anywhere in the UK. Goods shipped to all parts of the world safely and economically. AMEX, VISA and ACCESS accepted.*

LATIN AMERICA. Low cost flights and adventure holiday journeys 3/4/5 weeks. Fully Bonded ABTA 86321 ATOL 2828 AITO IATA. Brochure: *Journey Latin America, 16 Devonshire Road, London W4 2HD, UK. Tel: 081 747 8315*



If you would like to advertise in the classified section of NI please call our advertising sales office on 0384 - 373421

IF YOU ARE VISUALLY IMPAIRED and would like to receive **New Internationalist** on tape, could you please contact Vanessa Baird at NI, 55 Rectory Road, Oxford OX4 1BW, indicating whether you are already a subscriber or would like to become one.

"Let's Take the World in Hand"

Education for Environmental Change

The Woodcraft Folk, the co-operative organisation for children and young people has developed exciting new educational resources for youth groups and others. Following the success of "Let's Grasp the Nettle" for 9 - 13 year olds, "Let's Take the World in Hand" is a new pack of activities encouraging young people (13 - 16 years) to take positive action for the environment. To order send **£16.00 plus £1.60 p&p**. If you would like further information on the Woodcraft Folk or other educational resources please contact:

The Woodcraft Folk
13 Ritherdon Road, London SW17 8QE
Tel: 081 672 6031

WANT AN OUT OF PRINT BOOK?

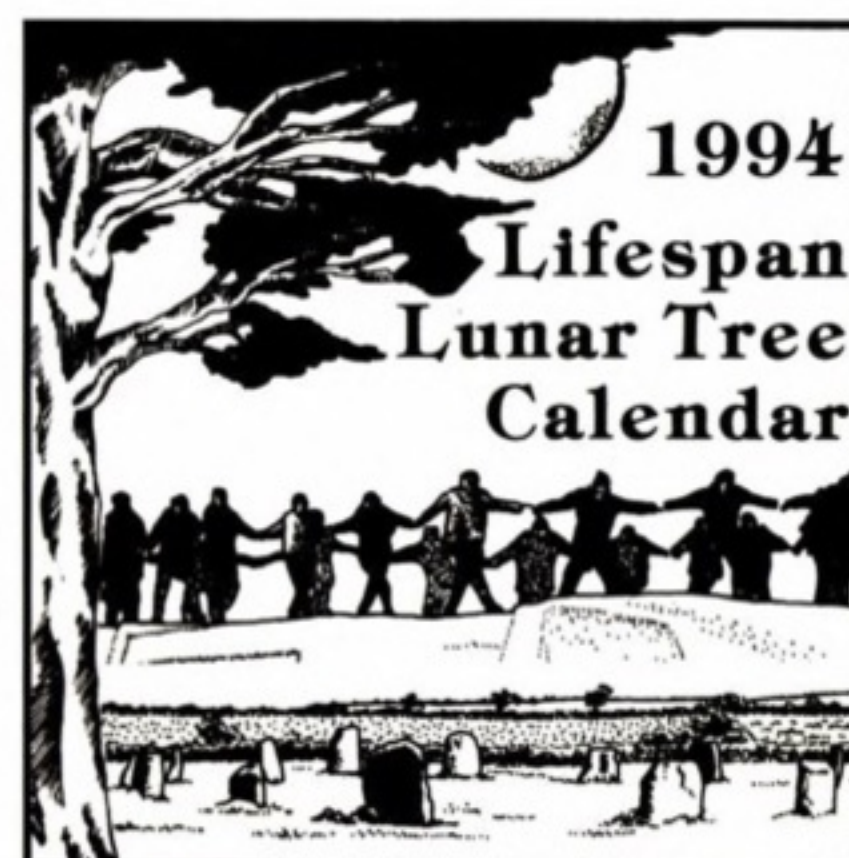
Perhaps we can help. We need only the title and author. Fiction or non-fiction, any subject. No success, no charge. Overseas enquiries welcome. *DC Books, 5 Exeter Drive, Spalding, Lincs. PE11 2DY, UK.*

VOLUNTEERS IN NICARAGUA

Tefl teacher, Computer trainers, Electronic engineers, Project development trainers, Woman Wood machinist. For more information contact *CIT, 7b Broad Street, Nottingham NG1 3AJ. Tel: (0602) 526060*

GIVE TWO WEEKS TO SAVE THE EARTH WITH AN ADVENTURE YOU CAN FEEL PROUD OF. See the EARTH-WATCH advert earlier in this magazine for details.

OPEN EYE investigative magazine, includes American dissident Noam Chomsky, HIV-AIDS controversy, Ken Livingstone, ex-CIA agent Philip Agee, British coup plot - secret diary, CIA-drugs-Clinton, ecofeminism, 'Anti-porn' means repression, South Africa, microwave warfare. (Sub. £5.00). For further details write to *'OPEN EYE', PO Box 3069, London SW9 8LU.*



1994 Lifespan Lunar Tree Calendar
Celtic Lunar & Standard Months, Festivals, Cultural & Religious Celebrations, Star Maps, Printed on 100% Recycled Card, £5.95 each, 5+ £5.00 (inc p&p)
Cheques and Orders to:-
Lifespan, 16 Townhead, Dunford Bridge, Sheffield, S30 6TG. ☎ 0226 762359

Green Working Holidays



Desert Reclamation in Spain: Join our vital research, whether expert or starter. You pay from £49 and work 24-hours weekly. Sun! Shared purpose! Good food! Good company! Full details £1 from Sunseed Trust, Registered Charity, Unit-N, P.O. Box-2000, Cambridge, CB3 0JF. Tel: (0223) 467659 / 462244

A unique shop, to excite the senses: Rugs, quilts, cushions, containers, lighting.



Craft made; skilfully designed; affordable.

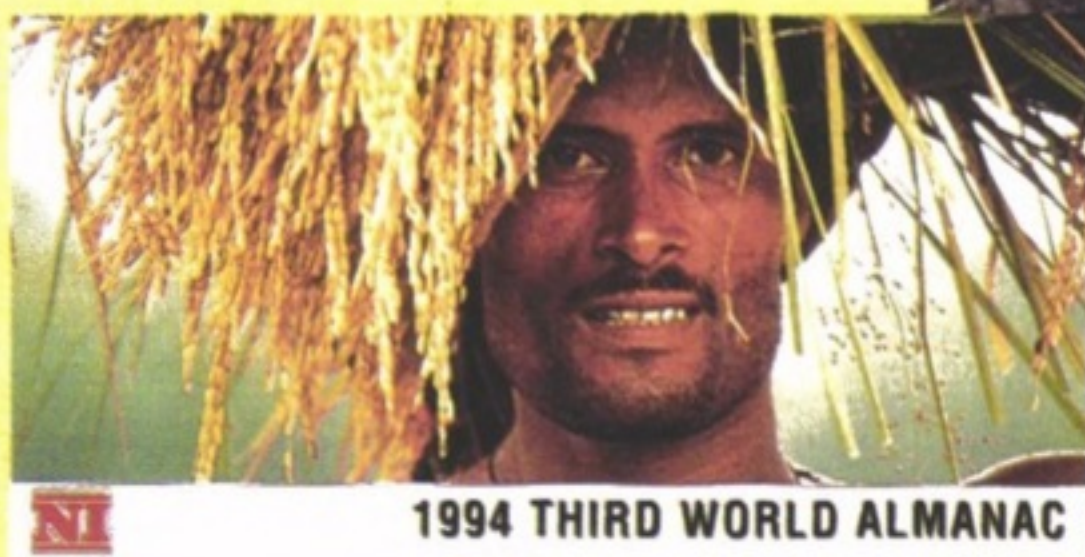
OXFORD: King Edward Street
CHELTENHAM: Regent Arcade
WOODSTOCK: On the A44

ONE VILLAGE WHOLESALE, CHARLBURY, OXFORD OX7 3SQ • 0608 811811

one village
The World Shop

the NI 1994 THIRD WORLD ALMANAC

QUIRKY, joyful, illuminating, sad: 52 full colour photos, one for every week of the year are found in this photo diary. The week-at-a-glance diary gives plenty of space for listing appointments and the cover opens into a unique triangular presentation for the pages to be propped up to view and to use. Size? At 4 1/2" x 8 1/4" it is comfortable on the desktop or in a bag. Spiral binding ensures the almanac stays open and lies flat for writing. A practical, attractive and distinctive personal organiser.



NI 1994 THIRD WORLD ALMANAC

Other features include:

- weekly quotation to inspire or provoke
- useful UN statistics on the world's people
- dates of religious holidays, cultural events and anniversaries
- a fold-out personal budget planner
- full-colour world map.

Ref: 01120

UK £8.95 • Can/US \$14.95



NEW

Every week's photo in full colour



NEW THIS YEAR
Second in series

THE WORLD IN YOUR KITCHEN

VEGETARIAN recipes from Africa, Asia, Latin America and the Middle East for Western kitchens, with country information and food facts.

Taste the delights of world vegetarian cooking with the New Internationalist's latest food book – 150 recipes tested and adapted for you to cook easily at home. It's packed with exciting food ideas, many colour photos and fascinating facts.

More than a cook book:

- Over 25 full page colour photos
- Intriguing food facts for each recipe
- Attractive design and step-by-step cooking methods
- Full nutrition guide
- Vegetarianism set in the context of today's factory farm world
- Glossary of ingredients
- Hardback, ribbon marker. 176pp.

UK £12.99 • Can/US \$22.95

Ref: 01309

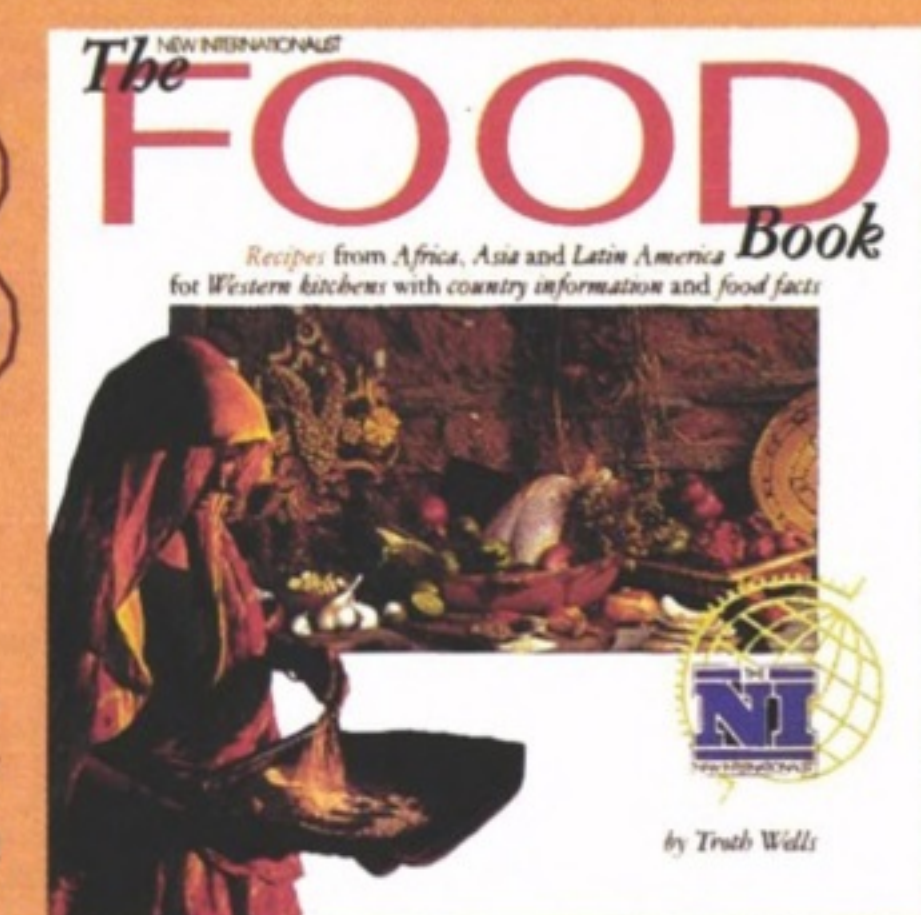
Canadian edition in conjunction with Second Story Press



THE NI FOOD BOOK

THIS attractive wipe-clean hardback publication features over 200 easy-to-follow delicious recipes from Africa, Asia and Latin America including sections on meat and fish, starters, salads and desserts, plus country information and food facts. Numerous illustrations and a ribbon marker. With over 25,000 copies already sold, the book has become a best seller with good reason. 184 pp.

Ref: 01139



UK £10.99 • Can/US \$19.95

Canadian edition in conjunction with Second Story Press.



THINK OF YOUR CHRISTMAS GIFT LIST

New Internationalist publications make exciting and different Christmas gifts at reasonable prices.

SOUTH AND NORTH, EAST AND WEST

The Oxfam Book of Children's Stories

THERE are 25 bedside tales in this world-wide anthology including animal stories from Botswana and Indonesia, ghost stories from Jamaica and Vietnam, a creation myth from Brazil and many more. Each story is illustrated by one of the finest artists in the field. Do you know a child who would like this outlook on the world? 99 pp.

Ref: 01279 UK £12.99 • Can/US \$24.95

NATIVE AMERICAN CARDS

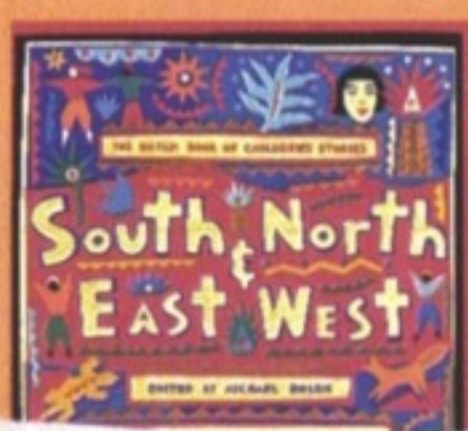
STRIKING sepia photo portraits of nineteenth century Native Americans. Each picture is coupled with an environmental statement which still has resonance today including:

'Only when the last tree has died and the last river been poisoned and the last fish been caught will we realise that we cannot eat money.'

Cards printed on recycled parchment-style card. Inside blank for your own greeting. Pack of five different cards, each measuring 8 1/4" x 5 3/4" plus envelopes.

UK £3.95 • Can/US \$7.95

Ref: 01252



A RAY OF SUNSHINE ... FOR THE NEW YEAR

POSITIVE

BIG

VIBRANT



the 1994 THIRD WORLD CALENDAR

THE NI Third World Calendar is a collection of twelve lovely pictures by some of the world's best photographers. The images show Third World people, their work, their culture and their environment. You'll appreciate the amazing variety of these photographs: from a colourful wash-day on the river bank in India to Chinese opera stars swapping intimacies, from a Moroccan family enjoying the evening air in Marrakesh to the cheerful exuberance of young Waday women fetching water in rural Kenya.

This calendar is a celebration of our one world – to enjoy all the year. It measures 11" x 22" and comes in a sturdy carton ready for mailing to a relative or special friend.

Ref: 01287

UK £8.95 • Can/US \$17.95

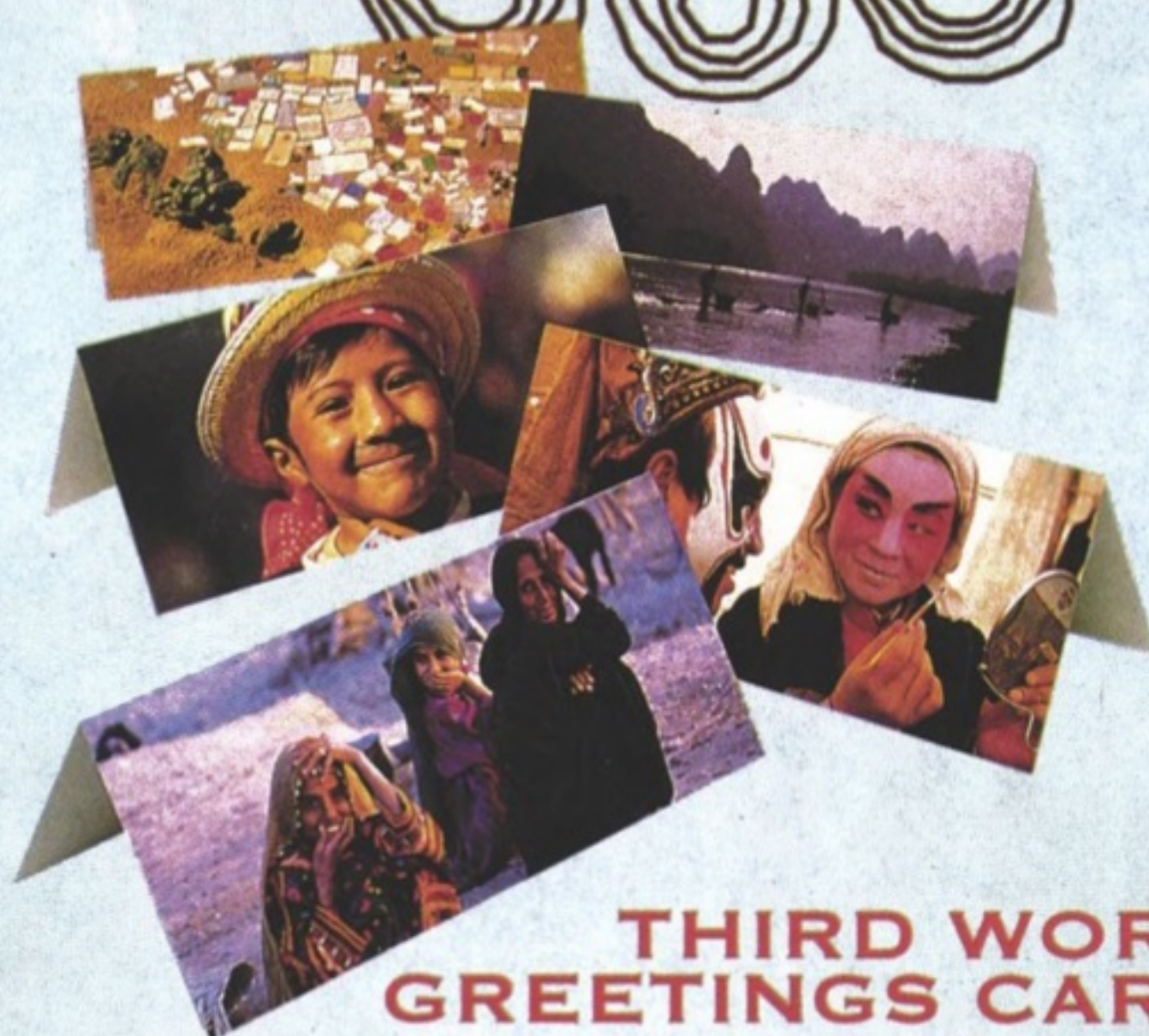


THE OTHER SIDE OF THE PICTURE

provides a wealth of stories, facts, charts and illustrations which link-in with the front-side photo.

FREE OFFER

Order three calendars and/or almanacs to be sent to one address and you can have **FREE** a pack of 10 full-colour Third World Greetings Cards.



THIRD WORLD GREETINGS CARDS

TEN full colour cards featuring two of each of the five best calendar photos, plus envelopes in a handy wallet. The cards are blank inside so they are useful for special occasions all the year. They are good value too, cards of this quality normally sell for at least twice as much in regular stores. Each card measures 3 3/4" x 8 1/4".

Ref: 01325

UK £4.95 • Can/US \$9.95

THIRD WORLD GUIDE 93/94



THIS excellent reference work is a guide to all the world's nations – but with one distinct difference. It's a detailed global survey written completely from the viewpoint of the nations of the South. A talented team of researchers, journalists and academics based in Uruguay, with contributors from around the globe, have compiled this alternative reference book containing profiles of 173 countries, with supporting diagrams, graphs and maps.

● **NEED TO KNOW** With the birth of over 30 new republics around the world in the last two years, we have an unparalleled need to know the background to these young nation states. Yet most conventional sources are hopelessly out of date. Not so with the **THIRD WORLD GUIDE 93/94**.

● **DEVELOPMENT BONUS** Over 100 pages on the key global development issues like Arms, Children, Housing, Global Warming, Poverty, Commodities, Aid, Refugees and the results of the Earth Summit in Rio de Janeiro.

● **VITAL STATISTICS** The book adds up to 630 pages of global and development information with 55 maps, 780 diagrams, 6,800 references and a healthy 17 page easy-to-use index thoroughly cross-referenced.

UK£19.99 • Can/US \$38.95

Ref: 01295